EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)														e: 11/30/	
				-		E OF RI	-				II.				
						D REP									
OFS COMPANY ID		SECT	TON B	– EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					C	НСАС				OFFICE					
						ПОЛО				OI I ICL					
ADDRESS								TY/TOV				STATE		ZIP CO	
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	31
SECTION C - H	EADQU	JARTE	RS OR	ESTAE								ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	DRESS				Cl	TY/TOV	/N			STATE		ZIP CO	DE
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E EMPLOYER ELLING ELIGIBLITY															
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): Not 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)															
	l Contra	actor)													
	551114 - Corporate, Subsidiary, and Regional Managing Offices SECTION H - WORKFORCE DEMOGRAPHIC DATA														
			1				Race/E			- 43					
		oanic atino			М	ale	NOt	нıspan	ic or L	atino	Fen	nale			
	0. 2				1						1 011				
						~ <u>₽</u>	5	S		_		≥ <u>a</u>	-	S	
				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		ø	4	ric an	_ ا	aiia Isla	dia atj	2		or eri	_	l Sign	dia ati	8	Total
	Male	nal	White	F S	Asian	Hic av	⊑ ž	ore	White	sk d	Asian	aw Hic	⊑ ž	ore	Total
	Σ	Female	⋝	ck or Afric American	As	SCI	car	Σ	⋝	Black or	As	aci H	car	Σ	
		_		ac		i e	leri Na:	ō		riçi E		i Ve	leri Na:	ю с	
				<u> </u>		Nat	Am /	Ž		Ą		Nat	Am /	Ň	
						0		-						-	
Executive/Senior Level Officials and Managers	5	0	130	1	1	0	0	4	25	0	1	0	0	0	167
First/Mid-Level Officials and Managers	213 101	53 33	1076 609	63 38	24 22	5 1	11 3	39 25	258 241	22 36	7 19	0	0	5 13	1777 1141
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	479	162	989	135	17	5	9	62	265	36	3	1	8	18	2189
Administrative Support Workers	61	167	132	18	2	0	2	11	316	43	12	1	4	32	801
Craft Workers Operatives	263 1491	106	585 2840	83 890	17 87	10 21	5 35	29 168	7 284	1 65	0 12	0	1	0 18	1001 6018
Laborers and Helpers	710	95	945	543	87	22	8	100	148	70	4	0	1	12	2745
Service Workers	9	35	37	9	2	0	0	2	91	25	1	1	2	10	224
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	3332	652	7343	1780	259	64	73	440	1635	298	59	4	16	108	16063
PRIOR 2022 REPORTING YEAR TOTAL	2163	311	5039	1232	162	48	48	336	899	142	29	2	10	55	10476

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

Not Applicable

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

# OFS COMPANY ID AC16425 ADDRESS ADDRESS CHICAGO IL - CORPORATE OFFICE CHICAGO IL - CHICAGO CHICAGO IL - CHICAGO CHICAGO CHICAGO IL 60661

### 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 6/6/2024 12:52 PM [EST]

EMPLOYER'S CER	TIFYING OFFICIAL
Name of Employer's Certifying Official	Title of Certifying Official
Denise Moore	Sr Manager HR Services
Email Address of Certifying Official	Telephone Number of Certifying Official
denise.eden@lkqcorp.com	615-280-4004
PRIMARY POINT OF CONTACT (POC)	FOR EEO-1 COMPONENT 1 REPORTING
Name of Primary POC	Title and Employer of Primary POC
Denise Moore	Sr Manager HR Services
	LKQ
Email Address of Primary POC	Telephone Number of Primary POC

EEOC Standard Form 100 (SF 100) Revised 08/2023

57

2023 EMPLOYER IN	2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)														2026
				TION A EADQU											
		SECT	TION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	S1
SECTION C - HI	EADOU	ARTE	RS OR	ESTAB	RLISHN	/ENT-I	EVEL	IDENT	IFICA'	FION (it	f applica	able)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
AC16425						Chic	ago IL -	Corpo	rate Of	fice					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	DRESS					TY/TOW				STATE		ZIP CC	DE
500 W Madison S							C	HICAG	0			IL		6066	
			EMDI	OVED	IDEN	DIETO A				`					
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER EILING ELIGIBILITY															
	SECTION E – EMPLOYER FILING ELIGIBILITY  Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS														
X YES (Employer Is Eligible	e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
SEC	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable															
<u>Unique Entity ID (UEI)</u> : Not Applicable  ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
<ul> <li>YES (Single-Establishment Employer is Federal Contractor)</li> <li>YES (Multi-Establishment Employer is Federal Contractor)</li> <li>YES (Headquarters is Federal Contractor)</li> <li>YES (Non-Headquarters Establishment is Federal Contractor)</li> </ul>															
☐ 125 (i			uctor)												
	I Contra	actor)													
	YES (One or More Non-Headquarters Establishments is Federal Cont  SECTION G – NAICS INFORMATION  551114 - Corporate, Subsidiary, and Regional Managing Offices														
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicity	/						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale	1	1			Fen	nale			
						- <del>-</del>						_ <u>_</u>		"	
				Ę		وق	o c	ĕ		an		و ه	o c	ces	
JOB CATEGORIES		4		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 Islander	American Indian Alaska Native	Two or More Races	Row
	Male	Jale	White	ig A	Asian	wa Ic I	Inc Na	ore	White	k o	Asian	wa	lnc Na	ore	Total
	ĕ	Female	×	ck or Afric American	Asi	ac Ha	can ska	Ĕ	×	Black or an Amer	Asi	Ha aci	san ska	Ĕ	
		_		act		i Š	eric Nas	o or		n ica		i Ve	eric	o or	
				面		lat the	Am /	ž		₽		lat the	Am ,	Š	
						- 0	,	•				- 0	,	•	
Executive/Senior Level Officials and Managers	1	0	11	0	0	0	0	1	5	0	1	0	0	0	19
First/Mid-Level Officials and Managers	0	1	7	0	1	0	0	0	3	0	0	0	0	1	13
Professionals Technicians	0	0	9	0	0	0	0	0	10 0	0	0	0	0	0	26 0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	2	3	28	0	2	0	0	1	19	2	2	0	0	1	60

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													ontrol Nu ation Dat		
			SECT	TON A	- TYP	E OF RI	EPORT								
			ESTA	BLISHN	ΛΕΝΤ-Ι	LEVEL	REPOR	RT							
		SECT	ION B	- FMP	OVE	R IDEN	TIFICA	TION							
OFS COMPANY ID		SECI	ION	- ENII	LOIL	KIDEN		OYER N	AME						
AC16425					C	HICAG				OFFICE	=				
												~~.~~		=======================================	
ADDRESS								TY/TOV				STATE		ZIP CC	
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HI	EADQU	ARTEI	RS OR	<b>ESTAB</b>								ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADO	QUARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
QP16160							Wy	oming I	MI						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				C	TY/TOV	VN			STATE		ZIP CC	DE
4310 Roger B Chaffee	Memo	rial Blvd	d				W	YOMIN	IG			MI		4954	<del>1</del> 8
				OVED	IDEN	ΓΙΓΙCA	TION N	HIMDE	D (FIN	<u> </u>					
	SECTI	ON D -	LEMILI		952920		HONN	ONIDE	K (EII)	,					
		SECTIO	ON E -			FILING	ELIG	BILIT	Y						
X YES (Employer Is Eligible										NO LOI	NGERI	N RUSI	INESS		
											, OLK	T DCD	LILEDS		
SEC	TION					OR DE		TION (	if applic	able)					
<b>—</b> ************************************			-												
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	I Contrac	ctor)	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (F	Ieadqua	rters is F	Federal	Contrac	tor)	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		Пν	ES (O	ne or Mo	ore Nor	-Headar	ıarters F	- Sctablich	ments i	s Federa	d Contr	actor)			
						INFOR			illicitts i	s i cucia	ii Coniii	ictor)			
	423					Jsed) M			salers						
						DEMO									
							Race/E								
	Hisn	anic						Hispan	•	atino					
		atino			M	lale					Fer	nale			1
						卢	፟	တ္ဆ		_		z je	ō	S	
				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 Islander	e ⊒	Two or More Races	Row
JOB CATEGORIES		o	4	ck or Afric American	_	iii   s	nerican Indian Alaska Native	2		o eri	_	ië ls	American Indian Alaska Native	2	Total
	Male	Female	White	r A	Asian	aw fic	ΞŽ	o e	White	Black or	Asian	aw Hic	ΞŽ	ore	. Otal
	Σ	Fer	⋝	ko	As	a H	car	Σ	⋝	Slac an	As	ac I	car	Σ	
		_		acl		- Š	las	ō		ш <u>і</u> ў		<u> </u>	eri	ō	
				B		at he	Ē	Š		₹		lat he	Ē	Š	
						2 g	1	-				<b>∠</b> 8	4	-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers Operatives	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0 10
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Service Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

	ESTABLISHMEI	NT-LEVEL REP	ORT		
	SECTION B - EMPLO	YER IDENTIFI	CATION		
OFS COMPANY ID		EM	IPLOYER NAME		
AC16425		CHICAGO IL	- CORPORATE OFFICE		
ADDRES	S		CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800		CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVE	EL IDENTIFICATION (if appl	icable)	
HO/ESTARI ISHMENT-I EVEL LINIT ID	HE	ADOUARTERSON	PETARI ISHMENT I EVEL NAM	E	•

 FM66030
 Honesdale PA - KAO A&A

 HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
 CITY/TOWN
 STATE
 ZIP CODE

 Rte 6 And Tryon St
 HONESDALE
 PA
 18431

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

#### SECTION E - EMPLOYER FILING ELIGIBILITY

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

### ${\bf SECTION}\ {\bf F-FEDERAL}\ {\bf CONTRACTOR}\ {\bf DESIGNATION}\ ({\bf if\ applicable})$

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	0	0	0	0	1	1	0	0	0	0	0	4
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	1	0	0	0	0	0	0	0	0	0	0	0	1
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 2023 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	1	1	0	0	0	0	0	6
PRIOR 2022 REPORTING YEAR TOTAL	0	1	3	0	0	0	0	1	1	0	0	0	0	0	6

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

			_								
		TYPE OF REPORT NT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425 CHICAGO IL - CORPORATE OFFICE											
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE								
EB30565	Chula Vista CA - PYP										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
880 Ene	rgy Way	CHULA VISTA	CA	91911							

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

953406551

### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	N H – V	VORKE	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicit	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	3	4	3	0	1	0	0	1	0	0	0	0	0	1	13
Administrative Support Workers	2	5	0	0	0	0	0	0	0	0	0	0	0	0	7
Craft Workers	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3
Operatives	26	1	0	0	0	0	0	0	0	0	0	0	0	0	27
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 2023 REPORTING YEAR TOTAL	34	13	4	0	1	0	0	1	0	0	0	0	0	1	54
PRIOR 2022 REPORTING YEAR TOTAL	10	5	0	0	0	0	0	1	0	0	0	0	0	0	16
2022 31(111/3 12/11/13/12		ECTI	NIT '	WODK	EODCI	CNIAD	CHOTI	DEDIO							

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI EO 1 EM			·	(	LLO.	1 001/1	1 0112	.,				Expir	ation Dat	e: 11/30/	/2026
				TION A BLISHN				RT.							
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	IAME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	Ю			IL		6066	51
SECTION C – HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (it Γ-LEVEL	f applica	able)			
QP16072					пеарс	•	nville M				NAME				
HEADQUARTERS OR ESTABLISH	MENT-I EV	/FI ADD	RESS			Oloci		TY/TOV				STATE		ZIP CC	DE
5835 Vining			ALDD					EENVI				MI		4883	
			EMPI	LOYER			TION N	UMBE	R (EIN	)					
952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
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)															
S	ECTION	F – FEI <u>Uni</u>	DERAI ique En	L CONT tity ID (	T <b>RACT</b> UEI):	OR DE	SIGNA' olicable	TION (	if applic	able)					
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)															
_	•							_		s Federa					
				)N G - 1								,			
	- CT	33999	99 - All	Other I	Miscell	aneous	Manufa	cturing	<u></u>						
	SE	CHON	N H – V	VORKF	ORCE		GRAPI Race/E								
	Hisr	anic						Hispan	_	atino					
		atino		1	M	lale	ı			1	Fer	nale	ı		
				ر		or	or	ses		<u> </u>		or	or	ses	
JOB CATEGORIES		ø		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 Islander	American Indian or Alaska Native	Two or More Races	Row Total
	Male	Female	White	ck or Afrio American	Asian	awa ific	n Inc	lore	White	Black or an Amer	Asian	awa ific	n In	lore	IOlai
	≥	Fel	>	sk o Ame	Ϋ́	e H	icai	or IV	≥	Bla	Ą	e H	ica	or IV	
				Blac		ativ	mer	۷٥ د		Vfric		ativ	mer Ala	۷٥ د	
						≥ ₽	⋖	Ĺ		,		≥ ₽	⋖	Ĺ	
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 Tachnisians	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	4	1	8	0	0	0	0	0	2	0	0	0	0	0	15
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 4	1	11	0	0	0	0	0	3	0	0	0	0	0	19
PRIOR COMP PERCENTING VELOCIES		C	C	^	0	0	0	C	0	C	C	0	C	0	
PRIOR 2022 REPORTING YEAR TOTA	<b>L</b> 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													ontrol Nur ation Dat		
			SECT	TON A	- TYP	E OF RI	EPORT				<u> </u>				
			ESTA	BLISHN	ΛENT-I	LEVEL	REPOR	RT							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							C	TY/TOW	/N			STATE	1	ZIP CC	DE
500 W MADISON S	T QTE	2800						HICAG				IL		6066	
														0000	)
SECTION C - HE	EADQU	JARTE	RS OR	ESTAB		<u>MENT-I</u> DUARTEI						able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					неарс	-					NAME				
QP16061						Fairfi	eld OH	- APO	Cincin	natti					
HEADQUARTERS OR ESTABLISHME	NT-LEV	VEL ADE	RESS				Cl	TY/TOW	/N			STATE		ZIP CC	DE
7048 Fairfield Busin	ness C	enter					FA	AIRFIEL	_D			OH		450	14
	SECTI	ON D	FMDI	OVED	IDEN	CIFIC A	TION N	HIMRE	D (FIN	)	l l				
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557															
SECTION E – EMPLOYER FILING ELIGIBILITY															
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
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): Not Applicable															
_			-												
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
<ul> <li>☐ YES (Single-Establishment Employer is Federal Contractor)</li> <li>☐ YES (Multi-Establishment Employer is Federal Contractor)</li> <li>☐ YES (Headquarters is Federal Contractor)</li> <li>☐ YES (Non-Headquarters Establishment is Federal Contractor)</li> </ul>															
_ `	•				. —			•					,		
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION															
	123			)N G − I ehicle P					calore						
	423 SE	CCTION	JH – V	VORKE	ORCE	DEMO	GRAPI	HC DA	TA						
	51	201101	111 /	OKK	ORCE		Race/E								
	Hier	oanic						Hispan		atino					
		atino			M	lale	NOL	mspan	lic or L	atino	Fer	nale			
	<u> </u>	1				1									
						- <u>-</u>	_	v		_		- <u>-</u>	_	S	
				an		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	n or e	Two or More Races	_
JOB CATEGORIES				Black or African American		iiai	nerican Indian Alaska Native	R <sub>8</sub>		r iżi		iial	American Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	ic I	S E	J.	White	Black or an Amer	Asian	ic Va	lnc Na	re	Total
	Ma	eπ	۲	or ner	۸si	Ha	an Ka	ĕ	₹	lac n A	۸si	E H	an ka	Σ	
		IL.		Sk An	_	Pa Pa	ric	ō	_	E E	_	P e	ric	o	
				31a		ati	F F	9		Ë		ati)	me Al	0/	
				_		žŧ	₹			4		žŧ	₹	~	
						_									
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives 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

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

#### OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME FM66434 **Burleson TX** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 2955 S Burleson Blvd **BURLESON** 76028 TX SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 12 First/Mid-Level Officials and Managers 0 0 0 0 Professionals 0 0 1 0 0 0 0 0 0 0 0 0 0 0 1 Technicians 0 0 Sales Workers 1 0 13 0 0 0 0 0 3 0 0 0 0 0 17 Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 Craft Workers 11 0 0 0 0 19 9 0 12 4 0 0 0 0 3 0 0 0 0 0 28 Operatives Laborers and Helpers 0 0 0 0 0 0 14 0 0 0 0 0 n Service Workers 0 0 0 0 0 0 0 0 0

SECTION I - WORKFORCE SNAPSHOT PERIOD

0

0

0

14

0

0

0

0

0

0

100

61

12/10/2023 - 12/23/2023

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

23

46

12

U.S. EQUAL EMPLO 2023 EMPLOYER IN		OMB Contr	dard Form 100 ( vised 08/2023 rol Number: 304 on Date: 11/30/	16-0049								
			YPE OF REPORT									
		ESTABLISHME	NT-LEVEL REPORT									
	SECT	ION B – EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID			EMPLOYER N									
AC16425			CHICAGO IL - CORPO	RATE OFFICE								
ADDRESS			CITY/TOV	VN	STATE	ZIP CO	DE					
500 W MADISON S	ST STE 2800		CHICAG	0	IL	6066	i1					
	EADQUARTER	RS OR ESTABLI	SHMENT-LEVEL IDENT	IFICATION (if appl	licable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	SHMENT-LEVEL NAM	ΙE										
T532037 TRW Huntington IN												
HEADQUARTERS OR ESTABLISHME	ENT-LEVEL ADD	RESS	CITY/TOV	VN	STATE	ZIP CO	DE					
3000 Yeomai	3000 Yeoman Way HUNTINGTON IN 46750											
	SECTION D -		ENTIFICATION NUMBE	R (EIN)	1							
	SECTIO	ON E – EMPLOY	ER FILING ELIGIBILITY	Y								
X YES (Employer Is Eligible	to File) NO	(Employer Is Not	Eligible to File) <b>EMPL</b>	OYER NO LONGE	R IN BUSIN	ESS						
SEC			ACTOR DESIGNATION (	if applicable)								
	<u>Uni</u>	que Entity ID (UE	I): Not Applicable									
☐ YES (Single-Establishm	ent Employer is	Federal Contractor	r) YES (Multi-Establishn	nent Employer is Fede	eral Contracto	r)						
YES (F	Ieadquarters is F	Federal Contractor)	YES (Non-Headquarter	s Establishment is Fe	deral Contract	or)						
		ES (One or More	Non-Headquarters Establish	ments is Federal Cor	ntractor)							
			ICS INFORMATION									
			cellaneous Manufacturing									
	SECTION	H - WOKKFOE	RCE DEMOGRAPHIC DA Race/Ethnicit									
	Hispanic		•	y nic or Latino			l					
	or Latino		Male		emale							

Race/Ethnicity															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Professionals	0	0	3	0	0	0	0	0	2	0	0	0	0	0	5
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	1	48	0	0	0	0	2	7	0	0	0	0	0	59
Laborers and Helpers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	1	1	56	0	0	0	0	2	13	0	0	0	0	0	73
PRIOR 2022 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	3	0	0	0	0	0	8

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMPLOYER IN	FORM	AHO	N KEI	OKI (	EEO-	COM	PONE	N1 1)					ation Dat		
				TION A - BLISHN				:T			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON S	T OTE	2000						HICAG				IL		6066	
							_							0000	)
SECTION C - H	EADQU	ARTE	RS OR	<b>ESTAB</b>	LISHN	<u> 1ENT-L</u>	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE				Γ-LEVEL	NAME				
EB31083							Lib	eral K	S						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
1624 W Panca	ake Blvd	ł					L	IBERA	L			KS		6790	)1
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	)					
		SECTIO	ON E	EMPL	952920 OVED		FLICI	DII ITY	V						
W MEG (D. ) A DE TE											JOED I	DI DEIG	<b>D</b> IEGG		
X YES (Employer Is Eligibl											NGER I	IN BUSI	INESS		
SE	CTION							ΓΙΟΝ (i	if applic	able)					
Unique Entity ID (UEI): Not Applicable  VES (Single-Establishment Employer is Federal Contractor) VES (Multi-Establishment Employer is Federal Contractor)															
☐ YES (Single-Establishm	☐ 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)														
□ ves (	Headana	rters is I	Federal	Contract	tor)	VES (N	on-Head	lanarter	s Establ	ishment	is Feder	al Contr	actor)		
	icauqua				. —			-					actor)		
				ne or Mo		•			ments i	s Federa	l Contra	actor)			
	400			NG-N											
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
			1							- 4					
		anic atino			M	ale	Not	Hispan	IC Or L	atino	Fon	nale			
	OI L	auno			IVI	ale					rei	lale			
JOB CATEGORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
	Male	Female	White	ck or Afric American	Asian	wa	Inc Na	ore	White	Black or an Amer	Asian	wa	Na Na	ore	Total
	<b>B</b> a	e.	₹	io i	Asi	Ha	ka	ĭ	≥ F	lac n A	Asi	E H	ka ka	ĭ	
		ш.		A K	,	δģ	eric las	ō		Bica	_	δģ	eric las	ō	
				B		ati	A M	Š		Afr		ati	¥ [	Š	
						z g	٩	<b>⊢</b>		_		z g	٩	⊢	
Evenutive/Conjust and Officials and Mar	<u> </u>							•							
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0 2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	1	1	0	0	0	0	0	0	0	0	0	0	0	4
Administrative Support Workers  Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers Operatives	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	4	2	1	0	0	0	0	0	1	0	0	0	0	0	8
PRIOR 2022 REPORTING YEAR TOTAL	5	0	1	0	0	0	0	0	1	0	0	0	0	0	7

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

57

				`								Expir	ation Dat	e: 11/30/	2026
				TON A BLISHN				RT.							
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C – H HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR							<b>ΓΙΟΝ</b> (it Γ-LEVEL		able)			
AC21531					TILADQ	OMKILI		ngham		-LL V LL	TWINE				
HEADQUARTERS OR ESTABLISHN	ENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
24559 Highwa	79 Nor	th					TR	AFFOR	RD			AL		3517	72
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)	I				
	;	SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligib	e to File)	□NO	(Emplo	oyer Is N	lot Elig	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	IN BUSI	NESS		
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable															
□ VFS (Single-Establish	■ YES (Single-Establishment Employer is Federal Contractor) ■ YES (Multi-Establishment Employer is Federal Contractor)														
<del>_</del>	☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES	Headqua							_					actor)		
									ments i	s Federa	l Contra	actor)			
	SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H – WORKFORCE DEMOGRAPHIC DATA														
							Race/E	thnicity	у						
		anic					Not	Hispan	ic or L	atino					
	or La	atino		1	М	ale				1	Fen	nale			
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
Franchico (Corrient and Officials and Manager						Oth O	,	•					,		
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	9	0	0	0	0	0	0 4	0	0	0	0	0	0 13
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	4	0	0	0	0	0	2	0	0	0	0	0	6
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
Operatives	2	0	21	7	0	0	0	0	4	0	0	0	0	0	34
Laborers and Helpers Service Workers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	6
CURRENT 2023 REPORTING YEAR TOTAL		1	46	8	0	0	0	0	12	0	0	0	0	0	69
	1 -	1	_	-	-		-	-	_		_		,	-	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

AL

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

36110

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION R - EMPLOYED IDENTIFICATION

5112 Lower Wetumpka Rd

	SECTION B - EMPLO	YEK IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
AC16425		CHICAGO IL - CORPORATE OFFICE								
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE						
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661						
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ							
GA29917		Montgomery AL	AL							
HEADOUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE										

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

### 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): 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)

**MONTGOMERY** 

### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- DI	201101	111 ,	· OILIII	ORCE	DEMO									
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	5	0	0	0	0	0	1	0	0	0	0	0	6
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	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	0	0	9	11	0	0	0	0	0	0	0	0	0	0	20
Laborers and Helpers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	19	12	0	0	0	0	1	0	0	0	0	0	32
PRIOR 2022 REPORTING YEAR TOTAL	0	0	19	6	0	0	0	0	1	0	0	0	0	0	26

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)											
	SECTION A -	TYPE OF REPORT										
	ESTABLISHM	ENT-LEVEL REPORT										
	SECTION B - EMPL	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425	CHICAGO IL - CORPORATE OFFICE											
ADDRES	ADDRESS CITY/TOWN STATE ZIP C											
500 W MADISON ST STE 2800 CHICAGO IL 6066												
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID	H	IEADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
FC93413		Athens GA										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
1510 Highw	ay 29 North	ATHENS	GA	30601								
		DENTIFICATION NUMBER (EIN) 52920557										
	SECTION E – EMPLO	YER FILING ELIGIBILITY										
X YES (Employer Is Elig	ible to File) NO (Employer Is No	ot Eligible to File)	R IN BUSINE	SS								
	SECTION E FEDERAL CONTRACTOR RESIGNATION (25 and leads)											

### SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u>: 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

SECTION H – WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		ори			Fen	nale			
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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Administrative Support Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Craft Workers	2	0	2	1	0	0	0	0	0	0	0	0	0	0	5
Operatives	0	0	3	0	0	0	0	1	0	0	0	0	0	0	4
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	0	20	1	0	0	0	1	1	0	0	0	0	0	25
PRIOR 2022 REPORTING YEAR TOTAL	0	0	15	0	0	0	0	0	1	0	0	0	0	0	16

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

U.S. EQUAL EMPLO 2023 EMPLOYER IN												OMB Co	tandard F Revised ontrol Nuration Dat	08/2023 mber: 30	46-0049
			ESTA	TION A BLISHN	/ENT-I	EVEL	REPOR	RT			,				
		SECT	TON E	<b>B – EMP</b>	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					С	HICAG	О			IL		6066	61
SECTION C - HI	EADQU	JARTEI	RS OR	ESTAB	LISHN	IENT-I	LEVEL	IDENT	TFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADÇ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
QP16246							Rich	mond '	VA						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADE	RESS		CITY/TOWN STATE ZIP CODE										DDE
3317 W Bro	ad St						RICHMOND VA 23230								
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
		SECTIO	ON E -	EMPL	OYER	FILIN	G ELIGI	BILIT	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SEG	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA'	TION (	if applic	able)					
		Uni	ique En	tity ID (	UEI):	Not App	olicable								
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (F	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	Non-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	re Non	-Headq	uarters E	stablish	ments i	s Federa	l Contra	actor)			
	400			)N G - 1					1						
				ehicle P VORKF											
	J.	201101	111 /	TORRE	ORCL	DEMIC	Race/E								
	Hist	anic						Hispan	•	atino					1
		atino			M	ale					Fer	nale			
						_						_			
				_		o de	ō	es		_		o de	ō	es	
IOD CATEGORIES				car		an Jan	an	(ac		<u>8</u>		an	an	kac	Row
JOB CATEGORIES		<u>e</u>	O)	\fri can	_	aii	ati	e F	ø	o Je	٦	aii	ndi. Iati	ė F	Total
	Male	Female	White	or A	Asian	lav ific	a P	/lor	White	Black or an Amer	Asian	lay	lu l	/lor	
	_	Fe	>	ck or Afric American	⋖	e H	nerican Indian Alaska Native	or More Races	>	Bla	⋖	e H	nerican Indian Alaska Native	٦٠	
				Black or African American		ative Hawaiian or her Pacific Islande	merican Indian or Alaska Native	NO W		Black or African American		ative Hawaiian or her Pacific Islander	merican Indian or Alaska Native	wo or More Races	

	Hisp	spanic Not Hispanic or Latino													
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	3	2	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	0	0	3	2	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`				,				Expir	ation Dat	e: 11/30/	2026
				TION A				_							
				BLISHN											
OFS COMPANY ID		SECT	TON E	B – EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					C	HICAG				OFFICE	:				
						ПОЛО				OTTIOL					
ADDRESS								TY/TOW				STATE		ZIP CO	
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C -	HEADQU	JARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME				
GA30880						Portla	and OR			NTP					
HEADQUARTERS OR ESTABLISH								TY/TOW				STATE		ZIP CO	
15353 SW Sequoia	Pkwy, St	uite 100	)				PC	RTLA	ND			OR		9722	24
	SECTI	ON D -	EMPl	LOYER	IDEN'		TION N	UMBE	R (EIN	)	-				
V voc. c 1 1 EU 1				EMPL						NO LON	ICED I	INI DIJO	DIEGG		
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): Not Applicable															
Unique Entity ID (UEI): Not Applicable  ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
<ul> <li>YES (Single-Establishment Employer is Federal Contractor)</li> <li>YES (Multi-Establishment Employer is Federal Contractor)</li> <li>YES (Non-Headquarters Establishment is Federal Contractor)</li> </ul>															
☐ YES	☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
		S	ECTIO	ON G - 1	NAICS	INFOR	MATIO	N							
	423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA														
SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
									,						
		oanic atino			M	ale	Not	Hispan	IC Or L	atino	For	nale			
	01 12	auno			141	aic					1 61	liaic			
						z ja	7	S		_		or der	ō	Si	
				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 Islander	le 9	Two or More Races	Row
JOB CATEGORIES		<u>o</u>	a)	ck or Afric American	_	a Isl	nerican Indian Alaska Native	e E	a)	or ieri	_	Native Hawaiian Other Pacific Islan	American Indian Alaska Native	e R	Total
	Male	Female	White	r A	Asian	aw	n K	<u>0</u>	White	Black or an Amer	Asian	aw	= Z	lor	
	Σ	Ē	>	ko	ĕ	ac H	cal	≥	≥	3la	ĕ	ac H	Ska	_ ≥	
				ac		i e	eri Na	0		ığ.		i e	eri Na	0 0	
				<u>B</u>		the the	Am ,	Š		Αŧ		te dat	Am /	Ž	
						- 0	,					- 0	1	•	
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	1	0	0	2
Professionals Techniques	0	0	0	0	0	0	0	0	5	0	0	0	0	0	9
Technicians Sales Workers	0	1	3	0	0	0	0	0	0	0	0	0	0	0	4
Administrative Support Workers	0	0	0	0	0	0	0	0	1	1	0	0	1	0	3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	2	2	0	0	0	0	0	4	0	0	1	1	0	10
CURRENT 2023 REPORTING YEAR TOTA	L 0	3	9	1	0	0	0	0	11	1	0	2	2	1	30
		,			_									-	_
PRIOR 2022 REPORTING YEAR TOTA	L 0	1	3	1	0	0	0	0	1	0	0	1	0	0	7

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	INFORMATION REPORT (EF	CO-I COMPONENT I)		on Date: 11/30/2026								
		YPE OF REPORT NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID	2202222	EMPLOYER NAME										
AC16425 CHICAGO IL - CORPORATE OFFICE												
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
500 W MADISO	N ST STE 2800 CHICAGO IL 60661											
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
AL72931		Grand Prairie TX										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
4003 Grand Lak	es Way Ste. 200	GRAND PRAIRIE	TX	75050								
		ENTIFICATION NUMBER (EIN)										
		ED EII INC EI ICIDII ITV										

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHO	1 II – V	VOKKI	OKCE	DEMO	GKAFI	HC DA	1A						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	1	5	0	0	0	0	0	1	0	0	0	0	0	8
Professionals	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	9	7	11	9	0	0	0	4	2	0	0	0	0	0	42
Administrative Support Workers	0	1	0	0	0	0	0	0	3	0	2	0	0	0	6
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	10	4	11	6	0	0	0	2	1	1	0	0	0	0	35
Laborers and Helpers	22	6	1	5	0	0	0	0	0	0	0	0	0	0	34
Service Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2023 REPORTING YEAR TOTAL	42	21	28	20	0	0	0	6	7	1	2	0	0	0	127
PRIOR 2022 REPORTING YEAR TOTAL	24	12	13	15	0	0	0	5	2	2	0	0	0	0	73

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	INFORMATION REPORT (E	EO-1 COMPONENT 1)		on Date: 11/30/2026								
	SECTION A - T	TYPE OF REPORT										
	ESTABLISHME	NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425		CHICAGO IL - CORPORATE OFFICE										
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661								
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Æ									
EB31362		Moline IL										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
4725 44	Γh Street	MOLINE	IL	61265								
		DENTIFICATION NUMBER (EIN)										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	gible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSIN	ESS								

# SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5E	CHON	(H – V	VUKKI	OKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	2	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	3	1	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	1	0	6	1	0	0	0	0	4	0	0	0	0	0	12
PRIOR 2022 REPORTING YEAR TOTAL	1	0	6	0	0	0	0	0	3	0	0	0	0	0	10

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)														te: 11/30/	
			-	-		-	EPORT				•				
							REPOR								
077 001 001 001		SECT	ION B	– EMP	LOYE	R IDEN	TIFICA								
OFS COMPANY ID					_			OYER N		055105	_				
AC16425					C	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	81
SECTION C - HI	EADQU	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ		RS OR ES				NAME				
FC87711						Tro	twood (	OH - S	S Dayto	on					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
4283 North James H	l Mcge	e Blvd						OTYAC	N			OH		4541	7
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)															
952920557 SECTION E – EMPLOYER FILING ELIGIBILITY															
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
SEC	CTION						SIGNA'	TION (i	if applic	able)					
Unique Entity ID (UEI): Not Applicable  YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)															
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (H	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	lon-Head	dquarter	s Establ	ishment	is Feder	al Conti	ractor)		
		☐ Y	ES (Or	ne or Mo	ore Non	-Headqı	arters E	Establish	ments i	s Federa	l Contra	actor)			
							MATIO								
							erchant								
	SE	CTION	H – V	VORKE	ORCE		GRAPI								
	Ulan	anic					Race/E	tnnıcıt Hispan	•	atin a					
		atino			М	ale	NOt	піѕрап	IIC OF L	atino	Fen	nale			
	0. 2										1 01	laic			
						z ż	<b>-</b>	S		_		z der	ō	တ္	
				ä		and and	an (	ace		car		anc an	e a	More Races	Row
JOB CATEGORIES		<u>0</u>	o)	ck or Afric American	_	ië lis	ıdia	8		o ieri	_	aiie Isi	ati	<b>6</b> 0	Total
	Male	na	White	r A	Asian	aw	L N	<u>o</u>	White	A & E	Asian	aw	= Z	<u> </u>	
	Σ	Female	>	S S	¥	a H	car	Σ.	>	Black or an Amer	Ä	ac E	Ska	Σ	
				Black or African American		Native Hawaiian or ther Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or ther Pacific Islander	American Indian Alaska Native	Two or	
				B		Nat	An'	Ž		¥		Nat	Απ'	Ž	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

Executive/Senior Level Officials and Managers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

First/Mid-Level Officials and Managers

Administrative Support Workers

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													ontrol Nu ation Dat		
			-	-		E OF RI	-								
			ESTA	BLISHN	/IENT-L	LEVEL	REPOR	RT.							
		SECT	TON B	-EMP	LOYE	R IDEN									
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	
SECTION C – HI	EADOU	ARTE	RS OR	ESTAB	LISHN	1ENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
EB30794						Bra	denton			SS					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
1880 63Rd Ave	nue Eas	st					BR	ADENT	ON			FL		3420	)3
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA'	TION N	UMBE	R (EIN	)	•				
	9	SECTIO	N E -			FILING	FLIGI	RILITY	<i>y</i>						
X YES (Employer Is Eligible										NO LOI	NGER I	IN BUSI	INESS		
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable															
								`	11	,					
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)		
□ VFS (F	- Ieadana	rtere ie I	Sederal	Contrac	tor)	VFS (N	on_Head	lanarter	c Ectabl	ichment	ic Feder	al Contr	actor)		
L TES (I	☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
									ments 1	s redera	ıı Contra	actor)			
SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H – WORKFORCE DEMOGRAPHIC DATA															
	SE	CTION	V H – V	VORKF	ORCE										
							Race/E								
	Hisp						Not	Hispan	ic or L	atino					
	or La	atino			М	ale	1			1	Fer	nale	1		
				<u>u</u>		Native Hawaiian or Other Pacific Islander	or	Two or More Races		u u		Native Hawaiian or Other Pacific Islander	JO (1)	Two or More Races	
JOB CATEGORIES		-		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Ra	Row
	<u>e</u>	Female	White	ck or Afric American	Asian	ic l	Inc	re	White	Black or an Amer	Asian	ic l	lno Na	re	Total
	Male	e.	Ϋ́	or Jer	λsi	Fa	an	ω	Ŗ	acl A	\Sig	Fa	an ka	ω	
		Ľ.	_	ck	•	le l	ric	or	_	E E	`	le l	ric	or	
				3la		atj.	me Al	۸٥		į		aţj.	F A	۸٥	
				_		ᄬᇴ	Ā	_≥		٩		ᇐ	₹	_≥	
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
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	3	1	0	0	0	0	0	0	0	0	0	0	0	0	4
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	7	0	0	0	0	0	0	1	0	0	0	0	0	0	8
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

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A - TYPE OF REPORT

	ESTABLISHME	NI-LEVEL REPORT		
	SECTION B - EMPLO	YER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
QP16602		Sarasota FL		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
2031 13	th Street	SARASOTA	FL	34237

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

SECTION H – WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La				М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	1	0	0	0	0	0	0	0	0	0	0	3
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 2023 REPORTING YEAR TOTAL	0	0	2	1	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100)

•	INFORMATION REPORT (EF	` /	OMB Contro	ol Number: 3046-0049 n Date: 11/30/2026							
	SECTION A - T	TYPE OF REPORT									
	ESTABLISHME	NT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425		CHICAGO IL - CORPORATE OFFICE									
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661							
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl									
HQ/ESTABLISHMENT-LEVEL UNIT ID											
EP15467		Saturn Wheel - Warren IN									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
507 E	9Th St	WARREN	IN	46792							
		ENTIFICATION NUMBER (EIN) 2920557									
	SECTION E – EMPLOY	ER FILING ELIGIBILITY									
X YES (Employer Is Elig	tible to File) <b>NO</b> (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINE	SS							
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>II</u> : Not Applicable									
YES (Single-Establi	shment Employer is Federal Contractor	r) TYES (Multi-Establishment Employer is Feder	eral 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

339999 - All Other Miscellaneous Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

SECTION H – WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	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	1	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	22	2	1	0	1	2	2	0	0	0	0	0	32
Laborers and Helpers	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	0	30	2	1	0	1	2	3	0	0	0	0	0	41
PRIOR 2022 REPORTING YEAR TOTAL	0	0	3	0 WODK	0	0	0	0	2	0	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425 CHICAGO IL - CORPORATE OFFICE

ADDRESS CITY/TOWN STATE ZIP CODE

500 W MADISON ST STE 2800 CHICAGO IL 60661

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

HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

GA29892 Belleville MI - RightChoice

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE
41247 East Huron River Dr BELLEVILLE MI 48111

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

#### 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): 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)

EMPLOYER NAME

#### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5E	CHOP	(H – V	VORKE	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicit	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	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	2	0	0	0	0	0	5
Professionals	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	5	2	0	0	0	1	10	0	0	0	0	1	20
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	1	1	0	0	0	0	7	1	0	0	0	1	11
CURRENT 2023 REPORTING YEAR TOTAL	0	1	10	3	0	0	0	1	23	1	0	0	0	2	41
PRIOR 2022 REPORTING YEAR TOTAL	0	0	2	1	0	0	0	0	9	0	0	0	0	1	13

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100)

8

2023 EMPLOYER IN														08/2023 mber: 304 te: 11/30/	
						E OF RI									
						_EVEL I									
0 mg 0 0 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m		SECT	ION B	-EMP	LOYE	R IDEN									
OFS COMPANY ID					0			OYER N		055105	•				
AC16425					C	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C – HI	EADQU	ARTEI	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	TFICA'	ΓΙΟΝ (it	f applica	able)	,		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
EB30704						Stuyve	esant N	Y - Bro	adway	Auto					
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
1572 Us Ro	ute 9						STL	JYVES	ANT			NY		1217	'3
	SECTI	ON D -	EMPI		IDENT 052920	TIFICA'	TION N	UMBE	R (EIN	)			•		
		SECTIO	ON E –			FILING	ELIGI	BILITY	Y						
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): 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)															
_ `	1				. —			-		s Federa			,		
	4231					INFOR			salers						
	SE	CTION	I H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicit	у						
	Hisp						Not	Hispan	ic or L	atino					
	or La	atino		1	M	ale					Fer	nale			
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	0	0	2	0	0	0	0	0	2	0	0	0	0	0	<u>0</u>
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Craft Workers

Service Workers

Laborers and Helpers

Operatives

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

#### SECTION A - TYPE OF REPORT ECTABLICUMENT LEVEL DEDODT

	ESTABLISHIVIE	NI-LEVEL REPORT		
	SECTION B - EMPLO	YER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
EB30006		Rockford IL - Self Service		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
601 Harris	on Avenue	ROCKFORD	IL	61104

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKE	OKCE	DEMO									
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	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	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	1	0	0	0	0	0	1	0	0	0	0	4
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	4	0	5	1	0	0	0	0	0	0	0	0	0	0	10
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 2023 REPORTING YEAR TOTAL	5	1	8	2	0	0	0	0	2	1	0	0	0	0	19
PRIOR 2022 REPORTING YEAR TOTAL	2	0	4	1	0	0	0	0	2	0	0	0	0	0	9

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** 

	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425		CHICAGO IL - CORPORATE OFFICE									
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661							
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
GA29953		Fontana CA									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
15228 B	oyle Ave	FONTANA	CA	92337							
	CECTION D. EMPLOYED ID	THE PROPERTY OF THE PROPERTY O									

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

953072886

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- DI	201101	1	, 011111	ORCE	DEMIO		thnicity							
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	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	1	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	3	1	0	1	0	0	0	0	0	0	0	0	0	0	5
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	2	0	0	1	0	0	0	0	0	0	0	0	0	0	3
Operatives	8	0	0	0	0	0	0	0	0	0	0	0	0	0	8
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 2023 REPORTING YEAR TOTAL	13	2	0	2	0	0	0	0	0	0	0	0	0	1	18
PRIOR 2022 REPORTING YEAR TOTAL	6	1	0	0	0	0	0	0	0	0	0	0	0	0	7

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

U.S. EQUAL EMPLO 2023 EMPLOYER IN												OMB Co	andard F Revised ontrol Nu ation Dat	08/2023 mber: 30-	46-0049
				TON A											
			_	BLISH			_								
OFG COMPANY		SECT	TON B	– EMP	LOYE	R IDEN			(4.) m						
OFS COMPANY ID AC16425					С	HICAG		OYER N		OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S	ST STE	2800					C	HICAG	0			IL		6066	81
SECTION C - H	EADQU	ARTE	RS OR									ıble)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME				
QP16037						De	enver C	O - Self	f Service	e					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV														DE
1355 West 52nd	Avenue DENVER CO 80221 SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)												21		
	SECTI	ON D -	EMPI		IDEN' 052920		TION N	NUMBE	R (EIN	)					
				EMPL	-										
X YES (Employer Is Eligible	to File)	□ NO	(Emplo	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPL	OYER	NO LON	IGER I	N BUSI	NESS		
SEC	CTION			L CONT					if applic	able)					
YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	stablishn	nent Em	ployer is	Federal	l Contra	ctor)		
YES (I	Headqua				. —			-					actor)		
									ments i	s Federal	l Contra	actor)			
	423			NG-I ehicle F					ealere						
				VORKE											
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	.atino					
	or La	atino		ı	M	ale				1 1	Fen	nale			
JOB CATEGORIES	Male	emale	Vhite	or African nerican	lsian	lawaiian or cific Islander	an Indian or ca Native	More Races	Vhite	ack or American	sian	lawaiian or cific Islander	Indian or Native	More Races	Row Total
	l ≌	<u> </u>	5	P =	S	등 무	a ⊒	Ĭ	5	ac	<u>.8</u>	등무	an (a l	ž	l

							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
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 2023 REPORTING YEAR TOTAL	1	0	0	0	0	0	0	0	1	0	0	0	0	0	2
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

			Expiratio	on Date: 11/30/2020
	SECTION A - T	YPE OF REPORT		
	ESTABLISHMEI	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
EB30675		Bakersfield CA - Central CA		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
2115 South U	Jnion Avenue	BAKERSFIELD	CA	93307
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)		

952907390

#### 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)

<u>Unique Entity ID (UEI)</u>: 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5E	CHON	(H - V	VUKKI	OKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	3	0	4	1	0	0	0	0	0	0	2	0	0	0	10
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	3	0	3	0	0	0	0	0	0	0	0	0	0	0	6
Administrative Support Workers	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Craft Workers	8	0	4	0	4	2	0	0	0	0	0	0	0	0	18
Operatives	19	1	2	1	3	0	0	1	1	0	0	0	0	0	28
Laborers and Helpers	7	0	6	1	0	2	0	0	0	0	0	0	0	0	16
Service Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2023 REPORTING YEAR TOTAL	41	3	19	3	7	4	0	1	1	0	2	0	0	0	81
PRIOR 2022 REPORTING YEAR TOTAL	37	2	17	1	6	4	0	0	1	0	1	0	0	0	69

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMILOTEKT	AI OKW	AHO	N KEI	OKI (	EEO-	COM	I ONE.	111)				Expir	ration Dat	e: 11/30/	2026
			-	-		E OF RI LEVEL I		:T							
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID						-		OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - I	IEADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI		coln N		Γ-LEVEL	NAME				
JB60491	(E) (E) (E)	IEV ADD	PEGG		1							OTT A TEXT		7TD 00	
HEADQUARTERS OR ESTABLISH 3300 Glads		EL ADL	DRESS					TY/TOW INCOL				STATE NE		ZIP CO	
5300 Glaus		ON D -	EMPI	LOYER	IDENT	TIFICA'				)		INL		0000	)4 
				9	952920										
X YES (Employer Is Eligib										NO LO	NGER I	IN BUS	INESS		
Si	ECTION					OR DE		ΓΙΟΝ (i	if applic	able)					
YES (Single-Establish	ment Emr		-					tablishm	nent Em	plover is	Federa	l Contra	ctor)		
_	(Headqua	•				,							,		
	(11eauqua							_					actor)		
						-Headqu INFOR			ments 1	s Federa	1 Contra	actor)			
	423					Jsed) M			salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E								
		anic atino			M	lale	Not	Hispan	ic or L	atino	For	nale			
	0. 2.				141						1 01	laic			
				<u>_</u>		Native Hawaiian or Other Pacific Islander	o d	ses		an		Native Hawaiian or Other Pacific Islander	p a	ses	
JOB CATEGORIES		<b>a</b>		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	Row
	Male	Female	White	ck or Afric American	Asian	rwa fic I	Inc	ore	White	Black or	Asian	ıwa fic I	Na Na	ore	Total
	ĕ	Fen	⋛	k or	As	Ha	can ska	Ž	₹	slac an A	As	Ha	can	Ž	
		_		lac  A		tive	neri Ala:	ō		rica		tive	heri Alas	ō	
				В		Nai	An'	Ě		Ą		Nat	Ar.	Ě	
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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
PRIOR 2022 REPORTING YEAR TOTA	_ 0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
I MON 2022 NEFORTING TEAR TOTA	- I ~	_	· '	ľ	ı	1	l ~	_	ı '	ı ĭ		I ~	ı ~	•	_

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

U.S. EQUAL EMPLO' 2023 EMPLOYER IN													Revised Ontrol Nu ation Dat	08/2023 mber: 304	46-0049
				TION A				T							
		SECT	_	B – EMP			_								
OFS COMPANY ID		BECI	IOIVE	- 151411	LOIL	K IDEA		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HI	ADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
QP17027							Tu	cson A	Z						
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
2332 N Stone	e Ave						Т	UCSO	N			ΑZ		8570	)5
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
		952920557 SECTION E – EMPLOYER FILING ELIGIBILITY													
X YES (Employer Is Eligible										NO LON	IGER I	IN BUS	INESS		
SEC	CTION	F – FEI Uni	<b>DERA</b> lique En	L CONT tity ID (	TRACT UEI):	OR DE	SIGNA'	ΓΙΟΝ (i	f applic	able)					
☐ YES (Single-Establishm	ent Emp							tablishn	ent Em	ployer is	Federa	l Contra	ctor)		
YES (F	leadqua				. —			•					actor)		
			,						ments i	s Federa	l Contra	actor)			
	423			ON G - I ehicle P					salers						
	SE	CTION	N H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E		•						
		anic				-1-	Not	Hispan	ic or L	atino					
	or La	atino			IV	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or ther Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or ther Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
				B		Nati	Am	Σ		Afr		Nati	AmA	Γwο	

							Nace/L		y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	1	0	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 2023 REPORTING YEAR TOTAL	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZVZC EMI EO IEMI	11 011111		, 1121	(	LLU .	1 00.11	. 0. 12.	. ( = =)				Expir	ation Dat	e: 11/30/	2026
				TION A -				:T			•				
		SECT	'ION E	B – EMP	IOVE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BLCI	10111	12.1111	LOIL	K IDEA		OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON								HICAG				IL		6066	81
SECTION C – I HO/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (it Γ-LEVEL	applica	able)			
GA30716					пеарс		/alley C				NAME				
HEADQUARTERS OR ESTABLISH	MENT-LEX	/EL.ADΓ	RESS			- Cuii		TY/TOW				STATE		ZIP CO	DE
11651 She		LLINDL	TLDD					N VALL				CA		9135	
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	)					
	;	SECTIO	ON E -	·EMPL	952920 OYER		ELIGI	BILITY	Y						
X YES (Employer Is Eligib	le to File)	□NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER		NGER I	IN BUS	INESS		
Si	ECTION	F – FEI Uni	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
YES (Single-Establish	ment Emp							tablishm	nent Em	plover is	Federa	l Contra	ctor)		
_	Headqua)	•				`									
	Treuciqua				. —			•		s Federa			uctor)		
				ON G - N					ments i	3 I cdcia	Contro	actor)			
		140 - M	otor V	ehicle P	arts (L	Jsed) M	erchant	Whole							
	SE	CTION	NH – V	VORKF	ORCE		GRAPE Race/E								1
	Hisp	anic						Hispan	,	atino					
		atino		1	M	lale	1				Fen	nale	ı		
						- F	_	s				r e	_	s	
				can		Native Hawaiian or Other Pacific Islander	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	Row
JOB CATEGORIES	σ	<u>e</u>	g.	Black or African American	u	/aiia	ndia	ė R	g)	or	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	ė R	Total
	Male	Female	White	or /	Asian	la cific	an I	Mor	White	Black or	Asian	lay cific	an II ca N	Mor	
	_	ц	>	Arr	4	Ve F	erica las l	٥	>	Bl	٩	Ve F	erica las k	٥	
				Bla		lati	\me	Ň		Afri		lati	\me Al	Ň	
						2 ō	1	-				- δ	1	-	
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	1	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	1	0	0	3
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	9	0	3	0	0	0	0	0	0	0	0	0	0	0	12
Laborers and Helpers	6	1	0	0	1	0	0	0	0	0	0	0	0	0	8
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 15	1	5	0	1	0	0	0	2	0	0	1	0	0	25
PRIOR 2022 REPORTING YEAR TOTA	<u> </u>	0	5	0	1	0	0	1	1	0	0	1	0	0	22

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI E0 1EMI	11 014.7		, 1121	0111 (	LLO .	1 001/1	1 01 (12)	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A · BLISHN				:T							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON								HICAG				IL		6066	61
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	TABLE	IFICA'	<mark>ΓΙΟΝ</mark> (if Γ-LEVEL	f applica	ıble)			
GA30523					HEADQ	-	an Anto				NAME				
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	RESS					TY/TOW				STATE		ZIP CC	DE
4530 Tejaso								ANTO				TX		7821	
<u></u>	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	)					
				EMPLO		FILING									
X YES (Employer Is Eligible											IGER I	N BUSI	NESS		
SE	CTION	F – FEI <u>Uni</u>	DERAI ique En	L CONT tity ID (	'RACT UEI <u>)</u> :	OR DE	SIGNA' dicable	ΓΙΟΝ (i	if applic	able)					
YES (Single-Establish	nent Emp							tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
YES (	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
_ `								_		s Federa					
				)N G – N											
		140 - M	otor V	ehicle P	arts (U	lsed) Mo	erchant	Whole							
	SE	CTION	NH – V	VORKF	ORCE		GRAPE Race/E								
	Hisn	anic						Hispan	<u>,                                      </u>	atino					
		atino			М	ale					Fen	nale			
						r er	r	s				r er	r	S	
100 017500050				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	o	ale 3	te te	ck or Afric American	⊊	vaii c Isl	nerican Indian Alaska Native	<u>Б</u>	ē.	ner	⊊	vaii c Isl	nerican Indian Alaska Native	re R	Total
	Male	Female	White	or,	Asian	Hav	an l ka ľ	<u>S</u>	White	Black or an Amer	Asian	Hav	an I ka M	Mo	
		L.	_	ack		r Pa	eric	ō		Blicar	•	Ve Pa	eric	or	
				ä		Nati	Am	Ň		Afr		Nati	Am	Two	
						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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals Tachnisians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
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	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	. 4	0	0	0	0	0	0	0	0	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	. 2	0	0	0	0	0	0	0	0	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

STATE

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZIP CODE

#### SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425

CHICAGO IL - CORPORATE OFFICE

500 W MADISON ST STE 2800 CHICAGO IL 60661

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

HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

EV53950 Baltimore MD

ADDRESS

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

2801 Hawkins Point Road

CITY/TOWN

STATE

ZIP CODE

BALTIMORE

MD

21226

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

95292055

#### 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): Not Applicable

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

CITY/TOWN

### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- DI	201101	, ,,	, 011111	ORCE	DEMIO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	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	1	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	1	0	0	0	0	2	1	0	0	0	0	4
Administrative Support Workers	2	0	1	0	0	0	0	0	2	0	0	0	0	0	5
Craft Workers	2	0	1	1	0	0	0	0	0	0	0	0	0	0	4
Operatives	6	0	4	6	0	0	0	1	0	0	0	0	0	0	17
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 2023 REPORTING YEAR TOTAL	10	0	7	8	0	0	0	2	4	1	0	0	0	0	32
PRIOR 2022 REPORTING YEAR TOTAL	6	0	4	6	0	0	0	1	1	0	0	0	0	0	18

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

15963

PA

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

320 Dobson Street

	SECTION B - EMPLO	YER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
AC16425		CHICAGO IL - CORPORATE OFFICE								
ADDRESS CITY/TOWN STATE ZIP CODE										
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661						
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	icable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ							
EB31638		Windber PA								
HEADOUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

### SECTION E – EMPLOYER FILING ELIGIBILITY

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

### ${\bf SECTION}\ {\bf F-FEDERAL}\ {\bf CONTRACTOR}\ {\bf DESIGNATION}\ ({\bf if\ applicable})$

Unique Entity ID (UEI): Not Applicable

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

WINDBER

#### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA																
	Race/Ethnicity															
	Hisp	anic	Not Hispanic or Latino													
	or Latino		Male Female													
İ																
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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	1	0	0	0	0	0	3	0	0	0	0	0	4	
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7	
Laborers and Helpers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTAL	0	0	16	0	0	0	0	0	4	0	0	0	0	0	20	
PRIOR 2022 REPORTING YEAR TOTAL	0	0	14	0	0	0	0	0	3	0	0	0	0	0	17	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
						E OF RI		rT			I				
		SECT	TION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
QP16785	Adel GA														
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
315 Industrial I	Park Dr	•						ADEL				GA		3162	20
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557															
		-	-		-	FILING									
X YES (Employer Is Eligible	X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
SEC	CTION					OR DE		TION (i	if applic	able)					
			_	-		Not App									
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (H	leadqua:	rters is I	Federal	Contrac	tor)	YES (N	on-Head	dguarter	s Establ	ishment	is Feder	ral Contr	ractor)		
☐ 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															
						Jsed) M									
	SE	CTION	N H – V	VORKF	ORCE	DEMO									1
	Ulan	ania					Race/E		<u>,                                      </u>	atin a					
	or La	anic	Not Hispanic or Latino  Male								For	nale			
	0, 1				141						1 61	liaic			
JOB CATEGORIES		<u>o</u>	Ф	Black or African American	u	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Ф	Black or African American	·	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
	Male	Female	White	ck or Afric American	Asian	la w	ın Ir a N	Лог	White	Black or an Amer	Asian	la w	a L	Nor	
		F	>	ck (	▼	Pac Pac	rica ask	or I	>	Bla	⋖	Pac Pac	rica	orl	
				Bla		ativ	me Ala	NO (		√fric		ativ	Me A	٥	
						≥ <u>₽</u>	٧	Ĺ		,		≥ ₽	4	F	
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	1	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	8	2	0	0	0	0	2	2	0	0	0	0	14
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
CURRENT 2023 REPORTING YEAR TOTAL	0	0	8	3	0	0	0	0	2	2	0	0	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** 

SECTION B – EMPLOYER IDENTIFICATION										
OFS COMPANY ID EMPLOYER NAME										
AC16425	CHICAGO IL - CORPORATE OFFICE									
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE						
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661						
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	<b>Ι</b> Ε									
EB30082										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
4646 Rive	rs Avenue	CHARLESTON	SC	29405						

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

SECTION H – WORKFORCE DEMOGRAPHIC DATA																
	Race/Ethnicity															
	Hisp	anic	Not Hispanic or Latino													
	or Latino			Male Female												
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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	2	0	0	1	0	0	0	0	1	0	0	0	0	0	4	
Administrative Support Workers	0	0	0	2	0	0	0	1	0	0	0	0	0	0	3	
Craft Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	
Operatives	1	0	0	8	0	0	0	1	0	0	0	0	0	0	10	
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 2023 REPORTING YEAR TOTAL	4	0	2	12	0	0	0	2	1	0	0	0	0	0	21	
PRIOR 2022 REPORTING YEAR TOTAL	2	0	3	6	0	0	0	1	0	0	0	0	0	0	12	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII LOTEK II	II OKW	AHO	N KE	OKI (.	EEO-	COM	I ONE.	N1 1)				Expir	ation Dat	e: 11/30/	2026
				TON A - BLISHN				RT.			•				
		SECT	TON F	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	10111	22.,11	LOIL	I IDE.		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800						HICAG				IL		6066	
														0000	71
SECTION C – HO/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	RS OR							TION (11 Γ-LEVEL		able)			
QP16994					TILADQ	VOAKILI		esa AZ		I-LEVEL	INAME				
HEADQUARTERS OR ESTABLISHM			DRESS				CI	TY/TOW	/N			STATE		ZIP CO	
318 S Dobsor	Rd #11	1						MESA				AZ		8520	)2
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)					
	;	SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligib	le to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SI	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA	TION (i	if applic	able)					
~	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establish	stablishment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
_	SS (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES	S (Headquarters is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
				)N G – N											
	423	140 - M	otor V	ehicle P	arts (U	Ised) Mo	erchant	Whole	salers						
	SE	CTION	NH – V	VORKF	ORCE										I
	Ulan	ania	ı				Race/E			otin o					
		anic atino			М	ale	NOt	Hispan	IC OF L	atino	Fer	nale			
	01 1				141	aic					1 61	liaic			
						~ <u>a</u>	-	S		_		r j	-	Ś	
				ä		Native Hawaiian or Other Pacific Islander	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	Daw.
JOB CATEGORIES		a)	_	Black or African American	_	ajja Isle	nerican Indian Alaska Native	S.	_	or eric	_	ajja Isla	nerican Indian Alaska Native	Š.	Row Total
	Male	Female	White	ck or Afric American	Asian	Fi wa	r S	ore	White	Black or	Asian	Fi 🦓	<u> </u>	ore	Total
	ı≊	e.	₹	ne c	As	Ha aci	an ka	Š	Ì	lac n A	Asi	Sc.	san ska	Š	
		ш.		A Sc		δĢ	eric las	ō		Bica		ě ç	eric las	ō	
				B		ati he	A A	۸o		Afr		ati he	ğ V	8	
						z g	٨	-				z g	٩	-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	1	2	0	0	0	0	0	0	0	0	0	0	0	6
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 2023 REPORTING YEAR TOTAL	3	1	2	0	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2022 REPORTING VEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI EO TERM	VI OIL	21110	·	0111 (	LLO	00111	1 0112	. ()				Expir	ation Dat	e: 11/30/	2026
				TON A BLISHN				RT.							
		SECT	TION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	IAME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	О			IL		6066	61
SECTION C - I	IEADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	TFICA'	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
PA92701								Wayne							
HEADQUARTERS OR ESTABLISHM		EL ADI	DRESS					TY/TOV				STATE		ZIP CC	
8520 Bluff	on Rd						FOF	RT WA	YNE			IN		4680	)9
	SECTI	ON D -	- EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)					
X YES (Employer Is Eligib				EMPLO						NO LOI	NGER I	IN BUSI	INESS		
	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'				· OLK	E ( BCD)	LILEGO		
_				tity ID (											
	ishment Employer is Federal Contractor) <b>YES</b> (Multi-Establishment Employer is Federal Contractor)  S (Headquarters is Federal Contractor) <b>YES</b> (Non-Headquarters Establishment is Federal Contractor)														
☐ YES															
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	SE	CCTION	V H – V	VORKE	ORCE	DEMO	GRAPH	anaging HC DA	TA	:5					
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale	1				Fer	nale	1		
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
	2	Fe	8	Black o	Ř	Native H Other Pac	America Alask	Two or N	>	Bla African	Ř	Native H Other Pac	America Alask	Two or N	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	5	0	0	0	0	0	0	0	0	0	0	0	6
Laborers and Helpers	0	0	2	5	0	0	0	0	0	0	0	0	0	0	7
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	. 1	0	10	5	0	0	0	0	1	0	0	0	0	0	17
PRIOR 2022 REPORTING YEAR TOTAL	_ 0	0	7	0	0	0	0	0	0	0	0	0	0	0	7

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

EMPLOYER NAME

AC16425 CHICAGO IL - CORPORATE OFFICE

ADDRESS CITY/TOWN STATE ZIP CODE

500 W MADISON ST STE 2800 CHICAGO IL 60661

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

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

QP16675 New Port Richey FL

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN STATE ZIP CODE
6716 US Hwy 19 North
NEW PORT RICHEY
FL 34652

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

#### 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): Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	UKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	0	0	0	0	1	1	0	0	0	0	0	4
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 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	1	1	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

	LOYMENT OPPORTUNITY C INFORMATION REPORT (EF		Rev OMB Contro	ard Form 100 (SF 100) vised 08/2023 ol Number: 3046-0049 n Date: 11/30/2026								
	SECTION A - T	TYPE OF REPORT										
	ESTABLISHME	NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425		CHICAGO IL - CORPORATE OFFICE										
ADDRES	ADDRESS CITY/TOWN 500 W MADISON ST STE 2800 CHICAGO											
500 W MADISO	500 W MADISON ST STE 2800 CHICAGO											
SECTION C -	SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
CE37754		Bellingham WA - Yamato										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
2020 E Bake	erview Road	BELLINGHAM	WA	98226								
		ENTIFICATION NUMBER (EIN) 2920557	1									
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINE	ESS								
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : Not Applicable										
☐ YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	eral Contractor	·)								
☐ YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fe	deral Contracto	or)								
		Non-Headquarters Establishments is Federal Con	ntractor)									
		ICS INFORMATION /ehicle Parts Manufacturing										

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- DI	201101	, ,,	, 011111	ORCE	DEMO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	5	0	1	0	0	0	1	0	0	0	0	0	7
Professionals	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	46	13	30	5	26	3	1	5	8	0	7	0	0	0	144
Laborers and Helpers	2	0	6	0	2	0	0	0	4	0	0	0	0	2	16
Service Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2023 REPORTING YEAR TOTAL	48	14	45	5	29	3	1	5	13	0	7	0	0	3	173
PRIOR 2022 REPORTING YEAR TOTAL	2	1	13	0	1	0	0	1	0	0	0	0	0	1	19

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

U.S. EQUAL EMPLO 2023 EMPLOYER II											OMB C	Revised ontrol Nu	Form 100 ( 08/2023 umber: 304 tte: 11/30/2	6-0049
		SECTI ESTAB	-		E <b>OF RI</b> LEVEL I	-				•				
	SECT	TION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID AC16425				C	HICAG		OYER N		OFFICE	≣				
ADDRESS						C	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON	ST STE 2800					С	HICAG	0			IL		6066	1
SECTION C - I	HEADQUARTE	RS OR I									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID				HEADQ	UARTE	RS OR ES	STABLIS	HMEN'	Γ-LEVEL	NAME				
EW31095		Pocatello ID - Bailey												
HEADQUARTERS OR ESTABLISHM	MENT-LEVEL ADD		STATE		ZIP CO	DE								
5497 South 51													8320	4
	SECTION D -	-EMPL		IDENT 952920		TION N	UMBE	R (EIN	)					
X YES (Employer Is Eligib	SECTION In to File) NO							_	NO LO	NGER I	IN BUS	INESS		
SI	ECTION F – FEI <u>Uni</u>	DERAL ique Enti					TION (i	f applic	cable)					
☐ YES (Single-Establish	ment Employer is	Federal	Contrac	ctor)	YES (N	Aulti-Es	tablishn	ent Em	ployer is	s Federa	l Contra	ctor)		
☐ YES	(Headquarters is l	Federal (	Contrac	tor)	YES (N	on-Hea	dquarter	s Estab	ishment	is Feder	ral Cont	ractor)		
	□ Y	ES (One	e or Mo	re Non	-Headqu	arters E	Establish	ments i	s Federa	al Contra	actor)			
	423140 - M	ECTIO						salers						
	SECTION													
						Race/E	thnicit	/						
	Hispanic					Not	Hispan	ic or L	atino					
	or Latino	ļ		M	ale				1	Fer	nale	1		
					_						_			

	SE	CHO	4 TT _ A	VOKKI	ONCE										
	Race/Ethnicity Hispanic Not Hispanic or Latino														
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	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	2	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	1	0	10	0	0	0	0	0	0	0	0	0	0	0	11
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	1	0	18	0	0	0	0	0	0	0	0	0	0	0	19
PRIOR 2022 REPORTING YEAR TOTAL	0	0	15	0	0	0	0	0	0	0	0	0	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

2020 2011 20 121	(22)		Expirati	on Date: 11/30/2026										
	SECTION A - T	YPE OF REPORT												
	ESTABLISHME	NT-LEVEL REPORT												
	SECTION B - EMPLO	OYER IDENTIFICATION												
OFS COMPANY ID		EMPLOYER NAME												
AC16425														
ADDRESS CITY/TOWN STATE ZIP CODE														
500 W MADISON ST STE 2800 CHICAGO IL 60661														
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ											
EB30152		Gorham ME												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE										
192 Narra	gansett St	GORHAM	ME	04038										
		ENTIFICATION NUMBER (EIN) 920557												

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	1 H – V	VORKE	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	8	0	0	0	0	0	0	0	0	0	0	0	8
Operatives	0	0	11	0	0	0	0	0	0	0	0	0	0	0	11
Laborers and Helpers	0	0	4	0	0	0	1	0	2	0	0	0	0	0	7
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	27	0	0	0	1	0	2	0	0	0	0	0	30
PRIOR 2022 REPORTING YEAR TOTAL	0	0	24	0	0	0	1	0	2	0	0	0	0	0	27
	•	SECTIO	ANIT _ '	WODE	FODCI	CNIAD	TOU?	DEDIO	`						

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`								Expir	ation Dat	e: 11/30/	2026
						E OF RI LEVEL I					•				
		SECT	TION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BLCI	IOII	Livii	LOIL	KIDLI		OYER N	AME						
AC16425					C	HICAG				OFFICE					
						ПОЛО				OI I IOL	_				
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	61
			DC OD	ECE A D	T TOTTS	ATTAIN T	DIED :	IDENT	TETCA	ETONI ()	C 1:	11.			
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD	QUARTEI				I-LEVEL	NAME				
GA30606							Do	over DE							
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	DRESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
1575 Mckee Road								DOVER	?			DE		1990	
1070 Worker Road	•													1000	<b>/</b> -T
	SECTI	ON D -	- EMPI		IDEN' 952920	ΓΙ <mark>ΓΙ</mark> CΑ΄ <mark>557</mark>	TION N	UMBE	R (EIN	)					
		SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible			` 1	•							NGER I	IN BUS	INESS		
SE	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  The second of the second of														
	<u>Unique Entity ID (UEI)</u> : Not Applicable ishment Employer is Federal Contractor) ☐ <b>YES</b> (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishn	shment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
<del>_</del> _ · · •	shment Employer is Federal Contractor)														
☐ YES (	· ·														
	· ·														
						INFOR									
	423	140 - M	lotor V	ehicle P	arts (L	Jsed) M	erchant	: Whole	salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			M	lale					Fer	nale			
						- <u>-</u>	_	S				- a	_	S	
				Ę		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	o o	Two or More Races	
JOB CATEGORIES				Black or African American		iar	nerican Indian Alaska Native	Ra		္ခ်		iar	American Indian Alaska Native	Ra	Row
OOD OATEOORIEO	o o	Female	ψ.	ck or Afric American	_	ie 🤾	nd lat	ē	ė	Black or an Amer	_	ie Si	nd lat	ē	Total
	Male	Ë	White	r 4	Asian	ĕĕ	a = a	0	White	ck An	Asian	ĕĕ	a P	<u>ō</u>	
	2	<u>a</u>	≥	k o	ĕ	H 8	ca	2	≥	Sla an	ä	표 원	ca	2	
				ac		ĕΨ	eri	0		E, E		ĕΨ	eri	0	
				B		ati he	Ě	×		Λfr		ati Pe	Ě	Š	
						Zg	⋖	É				Z 2	⋖	É	
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	2
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	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	3	4	0	0	0	0	0	0	0	0	0	0	8
Laborers and Helpers	0	0	1	1	0	0	0	0	0	1	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	0	6	5	0	0	0	0	0	1	0	0	0	0	14

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

0

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

PRIOR 2022 REPORTING YEAR TOTAL

U.S. EQUAL EMPLO 2023 EMPLOYER IN												OMB Co	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
						E OF RI									
						LEVEL									
OFS COMPANY ID		SECT	TON B	– EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800						HICAG				IL		6066	
SECTION C - HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE					NAME				
EB30906						Cumb	erland F			Auto			1		
HEADQUARTERS OR ESTABLISHME		EL ADE	DRESS					TY/TOW				STATE		ZIP CC	
290 Curran l								/IBERL				RI		0286	<u> </u>
	SECTI	ON D -	· EMPI		IDENT 952920	TIFICA' <mark>557</mark>	TION N	UMBE	R (EIN	)					
	5	SECTIO	ON E –			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	ole to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
SEC	CTION					OR DE		TION (i	if applic	able)					
	. =		_	-		Not App			. =						
☐ YES (Single-Establishm	•	•								•					
YES (F	leadqua				. —			-					actor)		
						-Headqu			ments i	s Federa	l Contra	actor)			
	4231	S: 140 - M	ECTIC	)N G − I ehicle F	NAICS Parts (U	INFOR	MATIO erchant	N Whole	salers						
	SE	CTION	V H – V	VORKE	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E		-						
	Hisp or La	anic			М	ale	Not	Hispan	ic or L	atino	For	nale			
	OI L	atimo			IVI	ale					rei	liale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

First/Mid-Level Officials and Managers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Administrative Support Workers

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENII EO I ENII	(I OIL)I		· · · · · ·	0111 (	LLO	100111	1 01 (12)	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHM				T							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (it Γ-LEVEL	fapplica	ıble)			
EB30924					HEADQ		ago IL -				NAME				
HEADQUARTERS OR ESTABLISHM	CAME LEX	TEL ADD	DEGG			Chic	•			Pull		CTD A TEXT	1	ZID CC	DE.
HEADQUARTERS OR ESTABLISHM 4555 W North			DKESS					TY/TOW HICAG				STATE		ZIP CC 6063	
4000 W NOILI			- EMPI	LOYER	IDENT	TIFICA'				)				0000	<del> </del>
					52920	557									
X YES (Employer Is Eligib										NO LO	NGER I	N BUSI	NESS		
SE	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
	· ·														
<del>-</del> · · ·	shment Employer is Federal Contractor)														
☐ YES	S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
				VORKE											
	1						Race/E								
	Hisp						Not	Hispan	ic or L	.atino					
	or La	atino		1 1	М	ale	1			1	Fen	nale			
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Davis
JOB CATEGORIES	-	<u>o</u>		fric	_	aiia Isla	dia	8		or	٠	aiia Isk	ıdia ativ	8	Row Total
	Male	Female	White	Black or African American	Asian	aw	nerican Indian Alaska Native	Jore	White	Black or African American	Asian	awa	nerican Indian Alaska Native	Jor (	
	2	Fe	>	k c	ä	e H	ica	<u>&gt;</u>	>	Bla	Ä	е Н	ica	<u>&gt;</u>	
				3lac		ativ	mer Ala	8		\fric		ativ	mer Ala	0	
						žŧ	Ā	₽		٩		ž ŧ	₹	≥	
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	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	3	0	0	0	0	0	0	0	0	1	0	0	0	0	4
Administrative Support Workers	2	1	0	0	0	0	0	0	0	0	0	0	0	0	3
Craft Workers	1	0	0	1	0	0	0	0	0	0	0	0	0	0	2
Operatives	10	0	0	2	0	0	0	1	0	0	0	0	0	0	13
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 2023 REPORTING YEAR TOTAL	_ 18	1	0	3	0	0	0	1	0	1	0	0	0	0	24
PRIOR 2022 REPORTING YEAR TOTAL	13	0	1	2	0	0	0	0	0	0	0	0	0	0	16

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INI	FORM	[ATIO]	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
			SECT	TON A	- TYP	E OF RI	EPORT	,							
			ESTA	BLISHN	ΛΕΝΤ-I	LEVEL	REPOR	RT							
		SECT	TON B	В – ЕМР	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	ITY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HE	EADOU	ARTE	RSOR	ESTAB	LISHN	AENT-I	EVEL	IDENT	TFICA	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID				201112	HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME	.010)			
FC89240							Jo	plin MC	)						
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADD	RESS					ITY/TOW				STATE		ZIP CC	DE
675 S Black Ca								JOPLIN				МО		6480	
			EMDI	OVED	IDENT	PIETCA				`					
	SECII	- ע אט	EMIP	LOYER	952920		HONN	NUMBE	K (EIIV	,					
		SECTION	ON E -	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligible										NO LOI	NGER I	N BUSI	INESS		
				L CONT											
SEC	TION			tity ID (					паррис	aute)					
☐ YES (Single-Establishme	ent Emr								nent Em	nlover is	Federa	l Contra	ctor)		
<del>_</del>	_	-								_					
☐ YES (H	leadqua				. —			•					actor)		
				ne or Mo		_			ments i	s Federa	ıl Contra	actor)			
	400	S	ECTIO	N G - 1	NAICS	INFOR	MATIC	)N							
				ehicle P VORKF											
	SE	CHO	111 – V	VOKKI	OKCE			thnicit							
	Hisn	anic						Hispan		atino					
		atino			M	ale		mopun			Fer	nale			
				_		o der	ō	es		_		o der	ō	es	
				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	•	<u>e</u>	o o	ck or Afric American	_	aii:	ndi; lati	9 20	O	o Je	_	aji si	nerican Indian Alaska Native	e R	Total
	Male	Female	White	or A eric	Asian	a Hic	a N	lo.	White	Black or an Amer	Asian	a Eige	n Ir a N	١Ō	
	2	Fe	>	k c	Ã	e H	ica		>	Bla	Ř	E SE	ica Isk	<u> </u>	
				ilac		tiv er F	ner Ala	0		; <u>5</u>		tiv er F	ner Ala	9	
				ш		울	Ā	≥		¥		윤동	An	≥	
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	4 0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	1	0	7	0	0	0	0	0	0	0	0	0	0	0	9
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

0

0

0

0

21

12/10/2023 - 12/23/2023 SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

0

26

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	ORT (	EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
				TON A BLISHN				RT.			,				
	-	SECT	TION E	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S	ST STE	2800					C	HICAG	O			IL		6066	61
			DG OD	ECE A D	T TOTTS	ATENIO I				TION (	C 1:			-	-
SECTION C – H	EADQU	AKIL	KS UK							Γ-LEVEL		ibie)			
QP16292					TILADQ	OMMILI		croft P		I-LL VLL	1 VZ LIVIL				
													-		
HEADQUARTERS OR ESTABLISHM								TY/TOV				STATE		ZIP CC	
801 Carpenters Cross	ingBays	408-4	0				FC	LCRO	FT			PA		1903	32
	SECTI	ON D -	- EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)					
		SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILIT	Y						
X YES (Employer Is Eligible	e to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUS	NESS		
SE	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA'	TION (	if applic	able)					
				tity ID (					11	,					
☐ YES (Single-Establishm	ent Emr	olover is	Federa	l Contrac	ctor)	YES (	Multi-Est	tablishn	nent Em	plover is	Federa	l Contra	ctor)		
<del>-</del> · · ·	-	•													
YES (I	Headquai	rters is l	Federal	Contrac	tor)	YES (N	lon-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
				)N G - 1											
				ehicle P VORKF											
	J	CHO	111 - V	VOKKI	OKCE		Race/E								
	Hisp	anic								atino					
	or La				М	ale	NOL	Hispan	IIC OI L	auno	Fen	nale			
	01 20				141	aic					1 61	laic			-
						~ <u>p</u>	-	S		_		~ <u>P</u>	_	Ś	
				an		Native Hawaiian or Other Pacific Islander	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	D
JOB CATEGORIES		as a		Black or African American	_	ıiia Isla	nerican Indian Alaska Native	8	_	or eric	_	iiia Isla	nerican Indian Alaska Native	8	Row Total
	Male	Female	White	ck or Afric American	Asian	ii 🤻	ΰε	ore	White	Black or an Amer	Asian	ii 🤻	Ľ Š	ore.	TOLAI
	Ĕ	ė.	<b>≥</b>	or	Asi	Ha Scir	ka	Ĕ	<b>≥</b>	lac n A	Asi	Ha Scir	an	Ĕ	
				Ack	_	å ë	eric las	or		Bica		å ë	eric las	ō	
				Big		ati her	A A	ΜO		Afr		ati her	M A	8	
						Zδ	٩	<b>-</b>		'		z g	٩	F	
Executive/Senior Level Officials and Managers	+	0			•	<u> </u>		0			•		0	0	
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers Operatives	0	0	0 5	3	0	0	0	0	0	0	0	0	0	0	8
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 2023 REPORTING YEAR TOTAL	0	0	5	3	0	0	0	0	0	0	0	0	0	0	8
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REF	PORT (	EEO-1	COM	PONE	NT 1)					ontrol Nu ation Dat		
			SECT	ION A	– TYPI	E OF RI	EPORT								
			ESTA	BLISHN	/ENT-L	EVEL I	REPOR	RT							
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE (	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HE	ADQU	ARTEI	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA	ΓΙΟΝ (i	f applica	able)	<u> </u>		
HQ/ESTABLISHMENT-LEVEL UNIT ID						UARTE						•			
FM66571							Alsip	IL - Kn	opf						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
11800 South Austin	Ave, S	uite C						ALSIP				IL		6080	)3
	SECTI	ON D -	EMPI	LOYER	IDENT	TIFICA'	TION N	UMBE	R (EIN	)					
'	DECII	0112	23,711		52920		110111	CNIDE	II (BII)	,					
	5	SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	lot Eligi	ible to F	ile)	EMPLO	OYER I	NO LO	NGER I	IN BUS	INESS		
SEC	TION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	f applic	able)					
				tity ID (				`	11	,					
☐ YES (Single-Establishme	ent Emp	loyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)		
YES (H	eadana	rtere ie I	Sederal	Contrac	tor)	VFS (N	on-Head	danarter	e Fetabl	ichment	ic Feder	al Contr	actor)		
I ES (II	cauqua							•					actor)		
				ne or Mo					ments 1	s Federa	ll Contra	actor)			
	4231	اS M - 140	otor V	ON G - N ehicle P	NAICS Parts (U	sed) M	MATIO erchant	IN : Whole	salers						
				VORKF											
								thnicity	_						
		anic					Not	Hispan	ic or L	atino					
	or La	atino		1	M	ale					Fen	nale	1		
						_ <del>1</del> 0		"				_ <del>[</del> 0		10	
				au		Native Hawaiian or Other Pacific Islande	n or e	Two or More Races		ä		Native Hawaiian or Other Pacific Islande	n or e	Two or More Races	_
JOB CATEGORIES		ø.		Black or African American		iiiai Isla	American Indian Alaska Native	Ra		Black or African American		ijal	American Indian Alaska Native	Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	fic	Na Na	ore	White	Black or	Asian	Fi Wa	NS NS	ore	TOLAI
	Ë	Fen	≶	k or	As	aci aci	can ska	Ž	₹	Slac an /	As	Ha	car	Ž	
		_		lac		i ve	ieri Na:	0		ш <u>:</u> ё		i ve	ieri Na:	0 0	
				8		Nat	Am,	Ě		₹		Nat	Am	Ě	
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	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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	3	0	2	2	0	0	0	0	0	0	0	0	0	0	7
Service Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	4	0	2	3	0	0	0	0	0	0	0	0	0	0	9

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	INFORMATION REPORT (EI	CO-1 COMPONENT 1)		ol Number: 3046-0049 n Date: 11/30/2026
	SECTION A - T	TYPE OF REPORT		
	ESTABLISHME	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE	
EW17587		Portland OR - NTP		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
5925 Northest	Portland Hwy	PORTLAND	OR	97218
		ENTIFICATION NUMBER (EIN) 2920557		
	SECTION E - EMPLOY	ER FILING ELIGIBILITY		
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSINE	SS

# SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

		201101		OKIKI			Race/E								
	Hisn	anic						Hispan		atino					
		atino			М	ale	1101	поран	0	uu	Fen	nale			
	<u> </u>	1				1						I			
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	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	1	0	0	0	0	1	4
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	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	1	0	8	0	0	0	0	0	0	0	0	0	0	0	9
Operatives	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	1	0	0	0	0	1	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	0	13	0	0	0	0	1	1	0	0	0	0	1	18
PRIOR 2022 REPORTING YEAR TOTAL	1	0	4	1	0	0	0	0	1	0	0	0	0	1	8

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A - TYPE OF REPORT

HQ/ESTABLISHMENT-LEVEL UNIT ID
BD23795

BD23795

Duncan SC - A&R Auto Parts

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN
STATE
ZIP CODE
511 Gap Creek Road

DUNCAN
SC 29334

 ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$ 

952920557

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	111 - V	OKKI	OKCE	DEMO									
							Race/E	thnicity	y						
İ	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		•			Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	6	0	0	0	0	0	2	0	0	0	0	0	8
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	3	0	0	0	0	0	0	1	0	0	0	0	4
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	3	0	4	0	0	0	0	0	0	0	0	0	0	0	7
Operatives	2	0	12	1	0	0	0	0	0	0	0	0	0	0	15
Laborers and Helpers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	5	0	30	1	0	0	0	0	2	1	0	0	0	0	39
PRIOR 2022 REPORTING YEAR TOTAL	6	0	23	2	0	0	0	0	2	0	0	0	0	0	33

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII LOTEK II	VI OKWI	ATIO	N KEI	OKI (	EEO-1	COM	ONE	111)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHM				:T							
		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	IEADQU	ARTEI	RS OR									ıble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					T-LEVEL	NAME				
AC20770						Je	nkinsbu			a					
HEADQUARTERS OR ESTABLISHM			DRESS					TY/TOV				STATE		ZIP CC	
2401 Highway			ELEDI	OVED	IDENIA	DIET CA		KINSB				GA		3023	34
					52920	557				)					
				EMPLO											
X YES (Employer Is Eligib											IGER I	N BUSI	NESS		
SE	CTION			L <b>CONT</b> tity ID (1				ΓΙΟΝ (i	if applic	able)					
☐ <b>YES</b> (Single-Establish	mont Emm		-					tabliah m	ont Em		Fodomi	Contro	nt 0 m)		
<del>-</del> · · ·	•	•													
☐ YES (	Headqua	rters is I	Federal	Contract	tor)	YES (N	lon-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
				ne or Mo		_			ments i	s Federa	l Contra	ictor)			
	4231			ON G - N ehicle P					salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicit	y						
		anic				-1-	Not	Hispan	ic or L	atino	F				
	or La	atino			IVI	ale					ren	nale			
JOB CATEGORIES	d)	le	ø.	Black or African American	<b>-</b>	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	ø.	Black or African American	<b>-</b>	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
	Male	Female	White	ck or Afric American	Asian	Haw	an Ir ka N	Mor	White	Black or an Amer	Asian	Haw	an Ir ka N	Mor	
		_		Black		lative her Pa	meric Alas	wo or		B Africa		lative her Pa	\meric	wo or	
						ه ک		_				~ ō		_	
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	2	2	1	0	0	1	1	0	0	0	0	0	8
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	3	0	0	0	0	1	3	0	0	0	0	0	8
Administrative Support Workers	0	0	0	0	0	0	0	0	2	1	0	0	0	0	3
Craft Workers	1	0	10	0	0	0	0	2	2	0	0	0	0	0	15
Operatives	0	1	14	20	0	0	0	2	5	1	0	0	0	0	43
Laborers and Helpers	1	0	5	2	1	0	0	0	3	0	0	0	0	0	12
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	. 4	1	34	24	2	0	0	6	16	2	0	0	0	0	89
DDIOD 2022 DEDODTING VEAD TOTAL	2	1	25	25	2	0	0	2	8	1	0	0	0	0	66

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425 CHICAGO IL - CORPORATE OFFICE

ADDRESS CITY/TOWN STATE ZIP CODE

500 W MADISON ST STE 2800 CHICAGO IL 60661

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

HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

HF14661 Slippery Rock PA - Kennedy

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

3844 William Flynn Hwy

CITY/TOWN

STATE

ZIP CODE

SLIPPERY ROCK

PA

16057

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

#### 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): 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)

EMPLOYER NAME

#### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

					OHOL	DEMO		thnicity							
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9
Operatives	1	0	12	0	0	0	0	0	0	0	0	0	0	0	13
Laborers and Helpers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	1	0	27	0	0	0	0	0	2	0	0	0	0	0	30
PRIOR 2022 REPORTING YEAR TOTAL	1	0	24	0	0	0	0	0	2	0	0	0	0	0	27

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 2011 20 1211	1 014.7		, 1121	0111 (	LLO	00111	I OI (E	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TON A · BLISHN				?T							
		SECT	ION B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81
SECTION C - H	EADQU	JARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	applica	ıble)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
MV45693							Jackso								
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
865 Boling	Street						JA	ACKSO	N			MS		3920	)9
					52920	557				)					
X YES (Employer Is Eligibl				EMPLO						NO LON	ICED I	N RIICI	INIFCC		
											IGEN I	т возі	IIIE33		
SE	CTION	F – FEI	DEKAI	tity ID (	RACT	OR DE	SIGNA	TION (1	if applic	able)					
	_														
☐ YES (Single-Establishr	nent Emp	oloyer is	Federa	l Contrac	ctor) 🔲	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federal	Contra	ctor)		
YES (	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
_ `					. —			•		s Federa					
				NG-N						5 T CUCTU					
	423	140 - M	otor V	ehicle P	arts (U	sed) M	erchant	Whole	salers						
	SE	ECTION	I H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
						_ <u>_</u>		"				<u>_</u>		"	
				an		Native Hawaiian or Other Pacific Islander	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	D
JOB CATEGORIES		o.		Black or African American		iia Isla	dia	Ra		eric		Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	R	Row
	Male	Female	White	ck or Afric American	Asian	wa Ic I	In Na	ore	White	Black or an Amer	Asian	wa Ic I	E E	ore.	Total
	Na Ma	eπ	Ϋ́	Pe o	Asi	Ha	an ka	ĭ	₹	lac n A	Asi	E H	an Ka	Ĕ	
		ш		A G		P &	ric	or	_	Gal B	_	P &	as as	ō	
				Ba		ati	me Al	٧o		  £		ati	F F	Ş	
						ᅩᇴ	⋖	ŕ		`		z	⋖	É	
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	2	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	2	0	0	0	0	0	0	0	0	0	0	4
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers Operatives	0	0	0 4	0 12	0	0	0	2	0	2	0	0	0	0	0 20
Laborers and Helpers	0	0	2	4	0	0	0	0	0	0	0	0	0	0	6
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	10	18	0	0	0	2	3	2	0	0	0	0	35
PRIOR 2022 REPORTING YEAR TOTAL	0	0	14	18	0	0	0	2	0	1	0	0	0	0	35

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZVZC EMI EO IEMI	11 014		, , , ,	(	LLU.		. 0.12	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A BLISHN				RT.			•				
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID						-		OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81
SECTION C - I	IEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
EP42533	(E) (E) (E)	IEV ADD	PEGG			Cald	well ID			art	-	OT A TEXT		7TD 00	
HEADQUARTERS OR ESTABLISHM 6423 Clevel		EL ADL	DRESS					TY/TOW ALDWE				STATE		ZIP CC 8360	
0423 CIEVE		ON D -	EMPI	LOYER	IDENT	TIFICA'				)		טו		0300	,,,
					952920	557									
X YES (Employer Is Eligib										NO LON	NGER I	IN BUSI	INESS		
Si	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
☐ <b>YES</b> (Single-Establish	ment Emr							tablishm	nent Em	plover is	Federal	l Contra	ctor)		
	Headqua)	•													
_ IES	(11eauqua			ne or Mo				_					actor)		
				ON G - N					ilicitts i	s i cacia	ii Contra	actor)			
		140 - M	otor V	ehicle P	arts (U	lsed) Mo	erchant	Whole							
	SE	CCTION	V H – V	VORKF	ORCE		GRAPI Race/E								I
	Hier	anic	1					Hispan	•	atino					
		atino			М	ale	1101	Пэрап		atino	Fen	nale			
						. 5									
				an		Native Hawaiian or Other Pacific Islander	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	Pow
JOB CATEGORIES		<u>e</u>	ø.	Black or African American	_	aiia	ıdia ativ	e Ra	ø.	or	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	e Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	aw	n In a N	/lor	White	Black or	Asian	aw	n In a N	/lor	
	2	Fe	>	ck c	¥	e H Pac	rica ask	or N	>	Bla	Ř	e H Pac	rica ask	or N	
				Bla		ativ	me Ala	۸٥ (		√fric		ativ Jer	me Ala	۸٥ (	
						žē	A			_ `		Žδ	A	-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	0	0	2	0	0	0	0	0	1	0	0	0	0	0	5 3
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0													
CURRENT 2023 REPORTING YEAR TOTA	_ 2	U	10	0	0	0	0	1	1	0	0	0	0	0	14
PRIOR 2022 REPORTING YEAR TOTA	_ 1	0	5	0	0	0	0	1	1	0	0	0	0	0	8

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

	ESTABLISHIVIE	NI-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
EW17356		Spokane WA - KC Inland Empire		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
1100 North I	Howe Street	SPOKANE	WA	99212

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

### 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): Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	01	201101	, ,	, 011111	ONCE		Dece/E								
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	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	1	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	1	0	1	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 2023 REPORTING YEAR TOTAL	1	0	8	0	0	0	0	1	1	0	0	0	0	0	11
PRIOR 2022 REPORTING YEAR TOTAL	1	0	6	0	0	0	1	0	1	0	0	0	0	0	9

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

			Lapitut	on Bute. 11/50/2020									
	SECTION A - T	YPE OF REPORT											
	ESTABLISHMEI	NT-LEVEL REPORT											
	SECTION B - EMPLO	YER IDENTIFICATION											
OFS COMPANY ID  EMPLOYER NAME  OUTGOOD ATT OFFICE													
AC16425 CHICAGO IL - CORPORATE OFFICE													
ADDRESS CITY/TOWN STATE ZIP CODE													
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661									
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
EV57032		Oklahoma City OK - SS											
HEADQUARTERS OR ESTABLIS	STATE	ZIP CODE											
900 S Mac	OKLAHOMA CITY	OK	73128										
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)											

952920557

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	( II – V	VOKKI	OKCE	DEMO	GKAFI	нс ра	IA						
							Race/E	thnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	1	2	1	0	0	0	0	1	0	0	0	0	0	6
Administrative Support Workers	0	0	0	0	0	0	2	0	0	0	0	0	0	0	2
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	3	0	7	2	0	0	0	1	0	1	0	0	0	0	14
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	4	2	11	4	0	0	2	1	1	1	0	0	0	0	26
PRIOR 2022 REPORTING YEAR TOTAL	2	0	8	3	0	0	1	0	1	0	0	0	0	0	15

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI E0 1EMI	11 014.71		, ILLI	0111 (	LLO .	1 001/1	1 01 (12)	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TON A - BLISHN				T							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON								HICAG				IL		6066	61
SECTION C – H	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (it Γ-LEVEL	f applica	able)			
EB30181					пеарс	UAKTEI		hester		I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	ENT-I EV	/FL ADD	PESS					TY/TOW			1	STATE	1	ZIP CC	DE
50 Utopia		EL ADL	KLSS					ICHES				CT		0604	
		ON D -	EMPI	LOYER						)					
		SECTIO	ON E -	EMPLO	952920 OYER		ELIGI	BILITY	Y						
X YES (Employer Is Eligible	e to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUSI	INESS		
SE	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  The least Forelesses is Federal Contractors   NES (Multi-Establishment Forelesses in Federal Contractors)														
_	Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establish	hment Employer is Federal Contractor)														
YES (	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	YES (Headquarters is Federal Contractor)														
				VORKE											
	1						Race/E								
	Hisp						Not	Hispan	ic or L	atino.					
	or La	atino		1 1	М	ale	l 1			1	Fen	nale	l 1		
				an		Native Hawaiian or Other Pacific Islander	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	Row
JOB CATEGORIES	σ	<u>e</u>	gy.	Black or African American	ے	aiia Isl	nerican Indian Alaska Native	e R	gy.	or	u	aiia Isl	nerican Indian Alaska Native	ė A	Total
	Male	Female	White	ck or Afric American	Asian	la cific	an I	Mor	White	Black or an Amer	Asian	law cific	an II	Mor	
		ı,	>	Arr	٩	Ve F	rica las	٥	>	Bl	4	Ve F	erica las	٥	
				ä		Nati	Ame	Ň		Afr		Nati	Ame	Ν̈́	
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	1	0	0	0	0	0	3
Professionals Tacketsians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
	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	4	0	8	1	0	0	0	0	0	0	0	0	0	0	13
Laborers and Helpers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL		0	13	1	0	0	0	0	1	0	0	0	0	0	21
PRIOR 2022 REPORTING YEAR TOTAL	2	0	6	2	0	0	0	0	1	0	0	0	0	0	11

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

#### 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME FM66184 Bloomsburg PA - KAO A&A HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 519 East St **BLOOMSBURG** PA 17815 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5E	CHOP	(H – V	VORKE	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	2	0	0	0	0	1	0	0	0	0	0	0	4
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	1	0	0	0	0	0	0	0	0	0	0	0	1
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 2023 REPORTING YEAR TOTAL	1	0	4	0	0	0	0	1	0	0	0	0	0	0	6
PRIOR 2022 REPORTING YEAR TOTAL	1	0	6	0	0	0	0	0	0	0	0	0	0	0	7

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

#### 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME JB60417 Casa Grande AZ HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 37 South Thornton Road **CASA GRANDE** 85193 AZ SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 8 6 0 0 0 0 0 Professionals 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Technicians 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 Craft Workers 9 0 0 0 0 0 18 10 0 12 0 0 0 0 3 0 0 0 0 0 26 Operatives Laborers and Helpers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 Service Workers 0 0 0 0 0 0 0 0 0 0

0 SECTION I - WORKFORCE SNAPSHOT PERIOD

0

0

0

0

0

0

0

0

0

0

0

59

48

12/10/2023 - 12/23/20

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

22

2

0

30

0

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REF	PORT (	EEO-1	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
						E OF RI					I				
						LEVEL I									
		SECT	TION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID					_			OYER N.			_				
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HI	EADQU	ARTE	RS OR	<b>ESTAB</b>	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
EP17018							Lake	ewood I	NJ						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
900 Towbin	Ave						LA	KEWO	OD			NJ		0870	)1
	SECTI	ON D -	- EMPI		IDENT 052920	FIFICA' 557	TION N	UMBE	R (EIN	)					
		SECTIO	ON E –	EMPL	OYER	FILING	ELIGI	BILITY	ľ						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPL(	OYER I	NO LO	NGER I	IN BUS	INESS		
SEG	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm	ument Employer is Federal Contractor)														
□ ves (	ment Employer is Federal Contractor)														
1E5 (1	· ·														
									ments 1	s Federa	I Contra	actor)			
		140 - M	lotor V	ehicle P	arts (U	INFOR	erchant	Whole							
	SE	CTION	N H – V	VORKF	ORCE	DEMO									
							Race/E								
	or La	anic			M	ale	Not	Hispan	IC Or L	atino	For	nale			
	Of La	aumo			IVI	ale					rei	liale			
JOB CATEGORIES	o.	le	o o	Black or African American	Ľ	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	ø.	Black or African American	c	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
	Male	Female	White	ack or Afric American	Asian	ve Haw Pacific	nerican Indian Alaska Native	or Mor	White	Black or ican Amer	Asian	ve Haw Pacific	nerican Indian Alaska Native	or Mor	
				Bla		Nati Other	Ame A	Two		Afr		Nati Other	Ame	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	0	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
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	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	6	2	0	0	0	0	1	0	0	0	0	0	10
Laborers and Helpers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	0	10	2	0	0	0	0	1	0	0	0	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

72762

AR

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

252 Industrial Circle West

	SECTION B – EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
AC16425		CHICAGO IL - CORPORATE OFFICE								
ADDRESS CITY/TOWN STATE ZIP CODE										
500 W MADISON ST STE 2800 CHICAGO IL 60										
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E							
EB29941 Springdale AR										
HEADOUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						

 ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$ 

952920557

SECTION E – EMPLOYER FILING ELIGIBILITY

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

 ${\bf SECTION}\ {\bf F-FEDERAL}\ {\bf CONTRACTOR}\ {\bf DESIGNATION}\ ({\bf if\ applicable})$ 

<u>Unique Entity ID (UEI)</u>: 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)

**SPRINGDALE** 

#### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5E	CHOP	(H - V	VUKKI	OKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	3	0	9	0	0	0	0	0	2	0	1	0	0	0	15
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers	1	0	7	1	0	0	0	0	0	0	0	0	0	0	9
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	4	0	20	1	0	0	0	0	3	0	1	0	0	0	29
PRIOR 2022 REPORTING YEAR TOTAL	3	0	19	2	0	0	0	0	2	0	1	0	0	0	27

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

			Expiratio	on Date: 11/30/2026									
	SECTION A - T	TYPE OF REPORT											
	ESTABLISHME	NT-LEVEL REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME											
AC16425		CHICAGO IL - CORPORATE OFFICE											
ADDRES	S	CITY/TOWN	STATE	ZIP CODE									
500 W MADISON ST STE 2800 CHICAGO IL 60661  SECTION C – HEADQUARTERS OR ESTARLISHMENT, LEVEL IDENTIFICATION (if applicable)													
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)													
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME													
EP14125 Saginaw MI													
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
3052 W Sawy	ver Dr, Suite 2	SAGINAW	MI	48601									
		ENTIFICATION NUMBER (EIN)	•										
		ER FILING ELIGIBILITY											
X YES (Employer Is Elig	gible to File) <b>NO</b> (Employer Is Not	Eligible to File)	R IN BUSINI	ESS									
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>II)</u> : Not Applicable											
☐ YES (Single-Establi	shment Employer is Federal Contractor	r) <b>YES</b> (Multi-Establishment Employer is Feder	eral Contracto	r)									
☐ YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fed	deral Contract	or)									
	YES (One or More	Non-Headquarters Establishments is Federal Cor	ntractor)										
	SECTION G - NA	ICS INFORMATION											

## 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity Not Hispanic or Latino Hispanic Male or Latino Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande More Races American Indian or Alaska Native Two or More Races American Indian or Alaska Native Black or African American Black or African American Row **JOB CATEGORIES** Female White Total Asian Asian White Male Two or 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 2023 REPORTING YEAR TOTAL** PRIOR 2022 REPORTING YEAR TOTAL 

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

 
 OFS COMPANY ID AC16425
 EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE

 ADDRESS
 CITY/TOWN
 STATE
 ZIP CODE

 500 W MADISON ST STE 2800
 CHICAGO
 IL
 60661

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

HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

QP16136

Farmington Hills MI

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
24600 Drake Rd

CITY/TOWN STATE ZIP CODE FARMINGTON HILLS MI 48335

### SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

952920557

#### 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)

<u>Unique Entity ID (UEI)</u>: 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	01	201101	1	VOKKI	ONCE										
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
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 2023 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

U.S. EQUAL EMPLO' 2023 EMPLOYER INI													tandard F Revised ontrol Nu ation Dat	08/2023 mber: 304	46-0049
						E OF RI LEVEL		т			l				
			_	_		R IDEN	_								
OFS COMPANY ID		SECT	ION B	- EMP	LOYE	K IDEN		OYER N	AME.						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HE	CADQU	ARTEI	RS OR	ESTAB	LISHN	1ENT-I	EVEL	IDENT	IFICAT	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				-LEVEL	NAME				
QP17161							Mira	Loma	CA						
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
11072 Philadel														9175	52
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
	952920557 SECTION E – EMPLOYER FILING ELIGIBILITY														
X YES (Employer Is Eligible				•							NGER I	IN BUS	INESS		
SEC	CTION					OR DE		ΓΙΟΝ (i	f applic	able)					
YES (Single-Establishme	ent Emp		-	-				tablishm	ent Em	ployer is	Federa	l Contra	ctor)		
YES (H	eadqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)		
						-Headqu			ments i	s Federa	l Contra	actor)			
	423					INFOR			salers						
						DEMO									
							Race/E	-	,						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale				1	Fen	nale	1		
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

							Race/E	unnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
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	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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	7	0	1	0	1	0	0	0	0	0	0	0	0	0	9
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 2023 REPORTING YEAR TOTAL	8	0	1	0	1	0	0	0	0	0	0	0	0	0	10
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REF	PORT (	EEO-1	l COM	PONE	NT 1)					ontrol Nu ation Dat		
						E OF RI									
			ESTA	BLISH	/ENT-l	_EVEL I	REPOR	T							
		SECT	TION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME				
EB31665							Salt La	ake City	y UT						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
3455 West Ninigret D	rive, Su	ite 300	)				SALT	LAKE	CITY			UT		8410	)4
	SECTI	ON D -	- EMPI		IDENT	TIFICA' 557	TION N	UMBE	R (EIN	)					
	9	SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPLO	OYER	NO LO	NGER	IN BUS	INESS		
	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
SEC.	Unique Entity ID (UEI): Not Applicable														
VFS (Single-Establishm	ument Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
<del>-</del> · · ·	ment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (H	ment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor)   YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
		□ Y	ES (Or	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
						INFOR									
	4231	140 - M	lotor V	ehicle P	arts (U	lsed) M	erchant	Whole	salers						
	SE	CTION	N H – V	VORKF	ORCE	DEMO									
							Race/E								
		anic atino			N/	ale	Not	Hispan	ic or L	atino	For	nale			
	Or La	atino		1	IVI	ale					Fer	naie	1		
JOB CATEGORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
30B CATEGORIES	e	ale	ţ.	Afr	J.	vaii	Ind	re	te te	r or	ڇ	Vaii	lat	rel	Total
	Male	Female	White	ck or Afric American	Asian	Ha	an ka l	Мо	White	Black or	Asian	Ha	kal	Mo	
		Ľ	_	ck An	1	Pa	rica	o	_	Bl	1	Pa	asl	or	
				Bla		ati) Jer	a I	٧o		√fri		ati	M H	۷٥	
						≥ £	⋖	ŕ		•		Z	⋖	ŕ	
5 ( ) (0 ) 1 10(( ) 1 11)			_	•				_	_					•	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	1	2	0	0	0	0	0	7
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	6	1	15	0	1	2	1	1	0	0	0	0	0	0	27
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	2	0	0	1	0	0	0	1	0	0	0	0	5
Laborers and Helpers	8	0	6	1	0	2	0	1	0	0	0	0	0	0	18
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	16	1	26	1	1	5	1	3	3	1	0	0	0	0	58

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REF	ORT (	EEO-1	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
			SECT	ION A	- TYPI	E OF RI	EPORT								
			<b>ESTA</b>	BLISHN	/ENT-L	_EVEL I	REPOR	T:							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/NI		1	STATE		ZIP CO	DE
	т отг	0000													
500 W MADISON S SECTION C – HE			DS OD	FSTAR	I ICHN	AENT.I		HICAG		TION (i	fannlier	IL able)		6066	01
HQ/ESTABLISHMENT-LEVEL UNIT ID	ADQU	AKIL	NO OK							Γ-LEVEL		uoic)			
GN78837					`		oa FL -								
			2200			Tam				atiot		~~.~	1	=======================================	
HEADQUARTERS OR ESTABLISHME			DRESS					TY/TOW				STATE		ZIP CO	
5015 Causewa	ay Blvd							TAMPA	١.			FL		3361	9
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA' 557	TION N	UMBE	R (EIN	)	•		•		
	5	SECTIO	ON E –	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	Пло	(Emplo	over Is N	ot Eligi	ible to F	ile) $\square$	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS		
						OR DE									
SEC	JION .	r – rei Uni	JEKAI Jaue En	tity ID (	KACI	Not App	dicable	HON (1	п аррис	abie)					
	-		_	-											
YES (Single-Establishm	nent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (H	Headquarters is Federal Contractor)														
	-							_		s Federa					
									ments i	s redera	i Conu	actor)			
	4224					INFOR			colore						
						DEMO									
	SI.	201101	111 - 1	OKK	OKCE		Race/E								
	∐ien	anic						Hispan		atino					
		atino			М	ale	NOL	пізрап	IC OI L	auno	Fer	nale			
	0. 20											laic			
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
	M	Fen	W	ack or Ame	Asi	ive Ha r Pacif	erican Ilaska	or Mc	W	Blac rican A	Asi	ive Ha r Pacif	erican Naska	or Mc	
				B		Nat Othe	Am	Ĭ		Afı		Nat Othe	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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0 1 0 0 0 0 0 0 0 0 0 0 0 1													
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers Craft Workers	0	0         0													
Craft Workers Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	4	0	1	0	0	0	0	0	0	0	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

0

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

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100)

	LOYMENT OPPORTUNITY C INFORMATION REPORT (EF		OMB Contr	vised 08/2023 rol Number: 3046-0049 on Date: 11/30/2026
		TYPE OF REPORT		
	ESTABLISHME	NT-LEVEL REPORT		
072 COL TO LAWY	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
		3 11		
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
EV53813		Baltimore MD		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
6201 Erdm	an Avenue	BALTIMORE	MD	21205
		ENTIFICATION NUMBER (EIN) 2920557		
	SECTION E - EMPLOY	ER FILING ELIGIBILITY		
X YES (Employer Is Elig	rible to File) <b>NO</b> (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINI	ESS
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : Not Applicable		
☐ YES (Single-Establi	shment Employer is Federal Contractor	r) TYES (Multi-Establishment Employer is Feder	eral Contractor	r)
☐ YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fed	deral Contract	or)
	YES (One or More	Non-Headquarters Establishments is Federal Cor	ntractor)	

# SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	OKCE	DEMO	GKAPI	HC DA	1A						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	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	1	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Administrative Support Workers	1	0	0	0	0	0	0	0	2	1	0	0	0	1	5
Craft Workers	3	0	0	1	0	0	0	0	0	0	0	0	0	0	4
Operatives	3	1	6	8	0	0	0	0	1	1	0	0	0	0	20
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 2023 REPORTING YEAR TOTAL	7	1	6	9	0	0	0	0	3	4	0	0	0	1	31
PRIOR 2022 REPORTING YEAR TOTAL	5	1	5	8	0	0	0	0	1	1	0	0	0	0	21

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

97

	Expiration Date: 11/30/2026  SECTION A – TYPE OF REPORT														
				TON A - BLISHN				:T							
		SECT	ION R	– EMP	LOVE	D IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	1011 1	121111	LOIL	KIDLI		OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	81
SECTION C – H HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR							ΓΙΟΝ (it Γ-LEVEL		ıble)	•		
AC20462					HEADQ		ouston				NAME				
HEADQUARTERS OR ESTABLISHM	FNT-I FV	/FL ADD	RESS			- 110		TY/TOW				STATE	1	ZIP CO	DF
1710 West Mt Ho			TLLDD					OUSTC				TX		7703	
	SECTI	ON D -	EMPI	OYER	IDENT 952920		TION N	UMBE	R (EIN	)					
		SECTIO	ON E -	EMPLO			ELIGI	BILITY	Y						
X YES (Employer Is Eligible	e to File)	□ NO	(Emple	oyer Is N	lot Eligi	ible to F	ile)	EMPLO	OYER	NO LOI	NGER I	N BUSI	NESS		
SE	CTION							ΓΙΟΝ (i	if applic	able)					
VEC (Single Established	Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
<del>-</del> - · · ·	· ·														
☐ YES (	(Headquarters is Federal Contractor)														
									ments i	s Federa	1 Contra	actor)			
	4231			NG-N ehicle P					salers						
				VORKF											
							Race/E	thnicity	у						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	3	0	5	1	0	0	0	1	1	0	0	0	0	0	11
Professionals	0 0 2 0 0 0 0 0 0 0 0 0 0 0 2														
Technicians	0         0														
Sales Workers Administrative Support Workers	3	0	0	0	0	0	0	0	0	1	0	0	0	0	4
Craft Workers	7	0	2	0	0	0	0	0	0	0	0	0	0	0	9
Operatives	20 0 0 0 0 1 0 1 0 0 0 0 0 22														
Laborers and Helpers	52 0 0 6 0 0 1 3 0 0 0 0 0 22												62		
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	86	0	11	7	0	1	1	5	2	1	0	0	0	0	114

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

2023 EMI LOTEK	INFORMATION REPORT (EE	30-1 COMI ONEMI I)	Expirati/	on Date: 11/30/2026
		YPE OF REPORT NT-LEVEL REPORT		
	SECTION B – EMPLO	YER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	HEADQUARTERS OR ESTABLE	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
JV43375		Deer Park NY - AutoDataLabels		
HEADQUARTERS OR ESTABLISH	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
44 West Jefryr	Blvd, Suite K	DEER PARK	NY	11729
		ENTIFICATION NUMBER (EIN) 920557		

#### 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) <u>Unique Entity ID (UEI):</u> 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOCRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	3	1	2	1	0	0	0	0	3	0	0	0	0	1	11
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	1	0	0	0	1
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 2023 REPORTING YEAR TOTAL	3	2	4	1	0	0	0	0	3	0	1	0	0	1	15
PRIOR 2022 REPORTING YEAR TOTAL	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	INFORMATION REPORT (EF	EO-1 COMPONENT 1)		ol Number: 3046-0049 n Date: 11/30/2026
	SECTION A - T	TYPE OF REPORT	•	
	ESTABLISHME	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	1E	
EP42340		Nampa ID - Barger Auto Parts		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
3326 Ga	rrity Blvd	NAMPA	ID	83687
		ENTIFICATION NUMBER (EIN) 2920557	1	
	SECTION E – EMPLOY	ER FILING ELIGIBILITY		•
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File)	R IN BUSINE	SS
	SECTION F – FEDERAL CONTRA	ACTOR 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	( n – v	VUKKI	UKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	8	0	0	0	0	0	0	0	0	0	0	0	8
Laborers and Helpers	1	0	4	0	0	0	0	0	0	0	0	0	0	0	5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	1	0	16	0	0	0	0	0	0	0	0	0	0	0	17
PRIOR 2022 REPORTING YEAR TOTAL	0	0	10	0	0	0	0	0	0	0	0	0	0	0	10

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

~	LOYMENT OPPORTUNITY C INFORMATION REPORT (EF	· · · · · · · · · · · · · · · · · · ·	Rev OMB Contro	rised 08/2023 ol Number: 3046-0049 n Date: 11/30/2026	
		TYPE OF REPORT			
		NT-LEVEL REPORT			
OEC COMPANY ID	SECTION B - EMPLO	DYER IDENTIFICATION  EMPLOYER NAME			
OFS COMPANY ID AC16425		CHICAGO IL - CORPORATE OFFICE			
	STATE	ZIP CODE 60661			
500 W MADISO	QP17258 Fairfield CA				
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ		
QP17258		Fairfield CA			
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE	
4885 Fultor	Dr Suite A	FAIRFIELD	CA	94534	
		ENTIFICATION NUMBER (EIN) 2920557	•		
	SECTION E – EMPLOY	ER FILING ELIGIBILITY			
X YES (Employer Is Elig	tible to File) <b>NO</b> (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINE	ESS	
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : Not Applicable			
☐ YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	eral Contractor	•)	
☐ YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fed	deral Contracto	or)	
	YES (One or More	Non-Headquarters Establishments is Federal Con	ntractor)		
		ICS INFORMATION (Lised) Merchant Wholesalers			

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- DI		1 ,	ORIGI	ORCL			thnicity							
								•	,						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	2	0	1	0	0	0	0	0	0	0	0	0	4
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 2023 REPORTING YEAR TOTAL	1	0	2	0	1	0	0	0	0	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	SECTION A - TYPE OF REPORT  SETABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  OFS COMPANY ID  AC16425  CHICAGO IL - CORPORATE OFFICE  ADDRESS  CITY/TOWN STATE ZIP CODE  500 W MADISON ST STE 2800  CHICAGO IL - CORPORATE OFFICE  SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  (ESTABLISHMENT-LEVEL UNIT ID  QP 16703  Fort Pierce FL  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE  1200 Bell Ave FORT PIERCE FL 34982  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  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): Not Applicable  YES (Single-Establishment Employer is Federal Contractor)  YES (Headquarters is Federal Contractor) YES (Multi-Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)										
SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  OFS COMPANY ID  AC16425  CHICAGO IL - CORPORATE OFFICE  ADDRESS CITY/TOWN STATE ZIP CODE  500 W MADISON ST STE 2800  CHICAGO IL - CORPORATE OFFICE  SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQÆSTABLISHMENT-LEVEL UNIT ID  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  QP16703  Fort Pierce FL  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE  1200 Bell Ave FORT PIERCE FL 34982  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920555  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): Not Applicable  YES (Single-Establishment Employer is Federal Contractor)  YES (Headquarters is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)											
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425		CHICAGO IL - CORPORATE OFFICE									
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
500 W MADISO	SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  IQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  QP16703 Fort Pierce FL										
SECTION A - TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  OFS COMPANY ID  AC16425  CHICAGO IL - CORPORATE OFFICE  ADDRESS CITY/TOWN STATE ZIP CODE  SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQ/ESTABLISHMENT-LEVEL UNIT ID  QP16703  Fort Pierce FL  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  QP16703  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION D - EMPLOYER FILING ELIGIBILITY  XYES (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 (One or More Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)											
ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 CHICAGO IL 60661  SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  IQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  QP16703 Fort Pierce FL  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE  1200 Bell Ave FORT PIERCE FL 34982  SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557											
QP16703		Fort Pierce FL									
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQ/ESTABLISHMENT-LEVEL UNIT ID QP16703  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Fort Pierce FL  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1200 Bell Ave FORT PIERCE FL  34982  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY											
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQ/ESTABLISHMENT-LEVEL UNIT ID  QP16703  Fort Pierce FL  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1200 Bell Ave FORT PIERCE FL 34982  SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557											
HQ/ESTABLISHMENT-LEVEL UNIT ID QP16703 Fort Pierce FL  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE 1200 Bell Ave FORT PIERCE FL 34982  SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)											
	SECTION E – EMPLOY	ER FILING ELIGIBILITY									
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File)	R IN BUSINI	ESS							
		· 11									
☐ YES (Single-Establi	shment Employer is Federal Contractor	r) TYES (Multi-Establishment Employer is Feder	eral Contracto	r)							
☐ YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fe	deral Contract	or)							
	YES (One or More	Non-Headquarters Establishments is Federal Con	ntractor)								

	SE	CTION	I H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		ора			Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	1	0	0	0	0	0	1	1	0	0	0	0	3
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 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	1	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100)

2023 EMPLOYER II													08/2023 imber: 304 te: 11/30/2	
			-	– TYPI	-	_								
				/IENT-L										
OPG COMPANY ID	SEC	TION B	– EMP	LOYE	R IDEN		ATION OYER N	(A) (F)						
OFS COMPANY ID AC16425				CI	HICAG			RATE (	OFFICE	≣				
ADDRESS						C	TY/TOW	VN			STATE		ZIP CO	DE
500 W MADISON	ST STE 2800					С	HICAG	0			IL		6066	1
SECTION C - I	HEADQUART	ERS OR									ble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID				HEADQ				SHMENT		NAME				
EB30785					Me	mphis 1	ΓN - Se	If Service	е					
HEADQUARTERS OR ESTABLISH	MENT-LEVEL AI	DRESS				C	TY/TOW	VN			STATE		ZIP CO	DE
966 West Mito	chell Road					N	IEMPH	IS			TN		3810	9
	SECTION D	– EMPL		IDENT 952920		TION N	UMBE	R (EIN)	1					
	SECT	ION E –	EMPL	OYER	FILING	ELIG	BILITY	Y						
X YES (Employer Is Eligib	ole to File) 🔲 <b>N</b> e	O (Emplo	yer Is N	lot Eligi	ble to F	ile)	EMPL	OYER N	O LO	NGER II	N BUS	INESS		
Si	ECTION F - FI	E <b>DERAL</b> nique Ent					TION (i	if applica	ıble)					
□ <b>VE</b> S (S: 1 E (11:1	_	•						, F		F 1 1	<i>C</i> ,			
YES (Single-Establish	1 7				`			•	•			,		
☐ YES	(Headquarters is	Federal	Contrac	tor)	YES (N	on-Hea	dquarter	s Establi	shment	is Federa	al Contr	ractor)		
		YES (On						ments is	Federa	al Contra	ctor)			
	423140 -	SECTIO						coloro						
	SECTIO													
							thnicit							
	Hispanic					Not	Hispan	ic or La	atino				-	
	or Latino			M	ale					Fem	ale			

	SE	CHO	4 11 — A	VOKKI	OKCE										
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	2	0	0	0	0	0	1	0	0	0	0	3
Administrative Support Workers	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Craft Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Operatives	2	0	4	6	0	0	0	0	0	1	0	0	0	0	13
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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	2	0	5	9	0	0	0	0	0	4	0	0	0	0	20
PRIOR 2022 REPORTING YEAR TOTAL	2	1	3	6	0	0	0	0	0	2	0	0	0	0	14

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

HQ/ESTABLISHMENT-LEVEL UNIT ID

AC20682

Crystal River FL

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN

STATE

ZIP CODE

4950 West Norvell Bryant Highway

CRYSTAL RIVER

FL

34429

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	51	01101	111 ,	OKIKI	ORCE	DEMO		thnicity							
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	2	0	15	1	0	0	0	0	2	0	0	0	0	0	20
Professionals	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	11	0	0	0	0	0	3	0	0	0	0	0	15
Administrative Support Workers	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4
Craft Workers	5	0	27	2	0	0	1	2	0	0	0	0	0	0	37
Operatives	6	0	40	4	0	0	0	0	2	0	0	0	0	0	52
Laborers and Helpers	2	0	10	0	0	0	0	0	1	0	0	0	0	0	13
Service Workers	1	0	1	0	0	0	0	0	2	0	0	0	0	0	4
CURRENT 2023 REPORTING YEAR TOTAL	17	0	106	7	0	0	1	2	16	0	0	0	0	0	149
PRIOR 2022 REPORTING YEAR TOTAL	5	2	79	6	0	0	0	1	10	0	0	0	0	0	103

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

~	LOYMENT OPPORTUNITY C INFORMATION REPORT (EF	,	Re OMB Contr	evised 08/2023 rol Number: 3046-0049 on Date: 11/30/2026								
		YPE OF REPORT NT-LEVEL REPORT										
		OYER IDENTIFICATION										
OFS COMPANY ID	SECTION B ENTER	EMPLOYER NAME										
AC16425		CHICAGO IL - CORPORATE OFFICE										
ADDRES	ADDRESS CITY/TOWN 500 W MADISON ST STE 2800 CHICAGO											
500 W MADISO	500 W MADISON ST STE 2800 CHICAGO  SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATIO											
	SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E									
EB31005		Raleigh NC										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
1000 Garner Busines	ss Park Dr, Suite 100	GARNER	NC	27529								
		ENTIFICATION NUMBER (EIN) 920557										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	tible to File) <b>NO</b> (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINI	ESS								
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable)  1): Not Applicable										
YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Feder	eral Contracto	r)								
☐ YE	S (Headquarters is Federal Contractor)	☐ YES (Non-Headquarters Establishment is Fed	deral Contract	or)								
	☐ YES (One or More	Non-Headquarters Establishments is Federal Cor	ntractor)									
	GEOGRAPIA NA	ICC INTEGRAL (TICAL)										

# SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H – WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	UKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	2	0	0	0	0	0	5
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	12	0	0	0	0	1	7	0	0	0	0	0	21
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	1	0	3	8	0	0	0	1	0	0	0	0	0	0	13
Laborers and Helpers	0	0	0	4	0	0	0	1	1	0	0	0	0	0	6
Service Workers	0	0	1	0	0	0	0	0	5	2	0	0	0	1	9
CURRENT 2023 REPORTING YEAR TOTAL	1	1	21	12	0	0	0	3	15	2	0	0	0	1	56
PRIOR 2022 REPORTING YEAR TOTAL	0	0	21	13	0	0	0	2	8	0	0	0	0	0	44

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII LOTEK II	II OKW	AHO	N KEI	OKI (	EEO-1	COM	ONE	111)				Expir	ation Dat	e: 11/30/	2026
				TION A · BLISHN				:T			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	<b>61</b>
SECTION C - H	EADOU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	TION (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL					
EB30666						E	Bakersfi	eld CA	- PYP						
HEADQUARTERS OR ESTABLISHM	IENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
5311 S Union	Avenue	)					BAK	ERSFI	ELD			CA		9330	)7
	SECTI	ON D -	EMPI	LOYER	IDENT 053406		TION N	UMBE	R (EIN	)	l				
	;	SECTIO	ON E –	EMPLO			ELIGI	BILITY	Y						
X YES (Employer Is Eligib	le to File)	□ NO	(Emple	oyer Is N	ot Eligi	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUSI	NESS		
SE	CTION							ΓΙΟΝ (i	if applic	able)					
			-	tity ID (											
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contrac	ctor) 🔲	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (	Headqua	rters is I	Federal	Contract	tor)	YES (N	Ion-Head	lguarter	s Establ	ishment	is Feder	al Contr	actor)		
				ne or Mo	. —			•					,		
				ON G - N		_			ilicitts i	s i cucia	ii Contr	ictor)			
	423			ehicle P					salers						
	SE	CTION	V H – V	VORKF	ORCE										
							Race/E								
		anic				-1-	Not	Hispan	ic or L	atino.					
	or La	atino		1 1	IVI	ale				1	Fen	nale			
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	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	1
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	8	0	1	0	0	0	0	0	0	0	0	0	0	0	9
Administrative Support Workers	1	3	0	0	0	0	0	0	0	0	0	0	0	0	4
Craft Workers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	8	0	1	1	0	0	0	0	0	0	0	0	0	0	10
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 2023 REPORTING YEAR TOTAL	20	4	2	1	0	0	0	0	0	0	0	0	0	0	27
DRIOD 2022 DEDODTING VEAD TOTAL	4	2	1	0	0	0	0	0	0	0	0	0	0	0	7

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2023 EMPLOYER IN	FORM	AHO	NKEI	OKI (	EEO-	COM	PONE	N1 1)					ation Dat		
				TION A -				т			l.				
			_	B – EMP			_								
OFS COMPANY ID		SECI	ION	- ENII	LOIL	KIDEN		OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADOU	ARTEI	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMENT	Γ-LEVEL	NAME	,			
HF15772							Newar	k NJ -	APO						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
491 Mulberry	Street						N	EWAR	K			NJ		0711	4
	SECTI	ON D -	EMPI	LOYER	IDEN'		TION N	UMBE	R (EIN	)	•		•		
	,	SECTIO	ON E -	EMPLO	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligibl	e to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPLO	OYER	NO LON	NGER I	N BUS	INESS		
SE	CTION							ΓΙΟΝ (i	f applic	able)					
_			_	tity ID (											
☐ YES (Single-Establishm	nent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	ablishm	ent Em	ployer is	Federal	l Contra	ctor)		
☐ YES (	Headqua	rters is I	Federal	Contract	tor) 🔲	YES (N	on-Head	lquarter	s Establ	ishment i	is Feder	al Contr	ractor)		
		$\square$ Y	ES (O	ne or Mo	re Non	-Headqu	arters E	stablish	ments i	s Federa	1 Contra	actor)			
		S	ECTIO	)N G – N	NAICS	INFOR	MATIO	N							
	423°	140 - M	otor V	ehicle P VORKF	arts (L	DEMO	erchant	Whole	salers						
	SE	CHON	<u> </u>	VOKKI	OKCE		Race/E								
	Hisp	anic						Hispan	•	atino					
		atino			M	ale					Fen	nale			
						-						-			
				Ę		Native Hawaiian or Other Pacific Islander	or e	Two or More Races		an		Native Hawaiian or Other Pacific Islande	o c	Two or More Races	
JOB CATEGORIES		o o		Black or African American		iiar Isla	American Indian or Alaska Native	Ra		Black or African American		iiar Isla	American Indian or Alaska Native	Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	awa fic	l Na	ore	White	Black or an Amer	Asian	awa fic	l Na	ore	Iotai
	Σ	Fer	⋝	ko	As	aci	icar ska	Σ	⋝	3lac an /	As	H. Ha	icar ska	Σ	
				llac A		tive	ner Ala	o O		L i		tive er F	ner Ala	o O	
				ш		S a	Ā	≥		< <		S a	Ar	≥	
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	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	0	0	0	0	0	0	1	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	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	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	4	1	0	0	0	0	0	0	1	0	0	0	0	0	6
PRIOR 2022 REPORTING YEAR TOTAL	2	1	0	0	0	0	0	0	1	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMI LOTEKTI	AT OKWI	AHO	IN INE	OKI (	EEO-	COM	ONE	111)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHN				:T			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800						HICAG				IL		6066	
			DG 0.D	TOT 1 T						TT 0 3 7 //					
SECTION C – I HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	KS OK							ΓΙΟΝ (11 Γ-LEVEL		ible)			
QP17150					TILADQ	OMMILI				I-DL V LL	1 17 LIVIL				
								ngeles							
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOW				STATE		ZIP CC	
5470-78 W F			ELEDI	OVED	TDEN III	DIET CA		ANGE				CA		900′	19
					952920	557				)					
X YES (Employer Is Eligib				EMPLO						NO LON	NGER I	N BUSI	NESS		
	ECTION														
_				tity ID (				(	11	,					
☐ YES (Single-Establish	ment Emr	olover is	Federa	l Contrac	ctor)	YES (	Multi-Es	tablishm	nent Em	plover is	Federal	Contrac	ctor)		
		•				,									
☐ YES	(Headqua	rters is l	rederal	Contrac	tor) 🔲	YES (N	on-Head	iquarter	s Establ	ishment	is Feder	al Contr	actor)		
						_			ments i	s Federa	l Contra	ictor)			
	423 <sup>-</sup>			ON G - N ehicle P					salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
						r je	_	Ś				r ler	_	ý	
				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<b>a</b>		fric an	_	ajia Isl	nerican Indian Alaska Native	ez e		or	_	aiia Isla	nerican Indian Alaska Native	2	Total
	Male	Female	White	ck or Afric American	Asian	Hic aw	E Š	Ore	White	Black or an Amer	Asian	awa ific	E Š	Ore	Total
	Ž	Fer	₹	k o	As	aci H	car	Σ	₹	slac an /	As	Ha	car ska	Σ	
		_		acl		<u>ة</u> ج	eri	ō		i E		ive r P	eri Na:	ō	
				B		lat the	MM A	ĕ		ĄĮ		lat the	MA A	ĕ	
						- 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	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Professionals	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
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	7	1	0	0	0	0	0	0	0	0	0	0	0	0	8
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 2023 REPORTING YEAR TOTA	L 8	1	0	0	0	0	0	1	0	0	0	0	0	0	10
PRIOR 2022 REPORTING YEAR TOTA	L 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`								Expir	ation Dat	e: 11/30/	2026
				TION A											
			ESTA	BLISHN	/IENT-l	LEVEL I	REPOR	T.							
		SECT	TON E	<b>B – EMP</b>	LOYE	R IDEN									
OFS COMPANY ID					_			OYER N			_				
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	31
SECTION C - I	IEADOL	ARTE	PS OR	FSTAR	I ISHN	/FNT_I	EVEL	IDENT	IFICA	TION (id	f annlica	hle)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	ILADQU	AKIL	NO OK							Γ-LEVEL		ioic)			
X245670					`	-	ethorpe								
HEADQUARTERS OR ESTABLISHM	AENIT I EX	/EL ADE	DECC				•	TY/TOW				STATE	1	ZIP CO	NDE.
4803 Hollins F			KESS					ETHOI				MD		2122	
4603 FIOIII1S F												IVID		2122	27
	SECTI	ON D -	EMPI	LOYER	IDENT 052920		ΓΙΟΝ N	UMBE	R (EIN	)					
	;	SECTIO	ON E -	EMPL			ELIGI	BILIT	Y						
X YES (Employer Is Eligib				-							NGER I	N BUS	INESS		
SI	ECTION							ΓΙΟΝ (i	if applic	able)					
		Uni	ique En	tity ID (	<u>UEI)</u> :	Not App	licable								
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Aulti-Es	tablishn	ent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lanarter	s Establ	ishment	is Feder	al Contr	actor)		
	(110uaquu				. —			•					ue 101)		
				ne or Mo					ments 1	s Federa	I Contra	ictor)			
	423	S. 140 - M	ectic	ON G - N ehicle P	NAICS	INFOR	MATIO	N Whole	calore						
				VORKE											
		201101	111 1	· OILIII	ORCE		Race/E								
	Hisn	anic						Hispan	•	atino					
		atino			М	ale					Fen	nale			
												_			
				_		능	ե	S		_		or	ō	S	
				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	an (	Two or More Races	Row
JOB CATEGORIES		o o		fric	_	eiie Isl	nerican Indian Alaska Native	ΩŽ		or eri	_	Native Hawaiian Other Pacific Islan	American Indian Alaska Native	ΩŽ	Total
	Male	Female	White	ck or Afric American	Asian	#ic	ΕŽ	o <u>r</u> e	White	Black or an Amer	Asian	aw Hic	E Z	o <u>r</u> e	. O.u.
	Σ	Fer	⋝	ae K	As	aci H	car ska	Σ	⋝	slac an /	As	aci 포	car ska	Σ	
		_		acl		ě ď	eric	ō		E ica		P K	eric	ō	
				ä		lati	μĀ	.8		Afr		lati	m A	.8	
						~ ŏ	1	_				~ ŏ	1	_	
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	1	0	5	0	0	0	0	0	3	0	0	0	0	0	9
Professionals	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	0	0	7	0	0	0	0	0	1	0	0	0	0	0	14 2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	9	18	0	0	0	0	0	0	0	0	0	0	29
Laborers and Helpers	3	8	20	18	0	0	0	1	0	0	0	0	0	0	50
Service Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
CURRENT 2023 REPORTING YEAR TOTAL	_ 8	9	43	37	0	0	0	1	8	2	0	0	0	0	108
PRIOR 2022 REPORTING VEAR TOTAL	6	5	3/1	35	0	0	0	2	5	2	Λ	0	0	0	90

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	(ATIO	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Da		
				TION A BLISHN		-	-								
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID							EMPL	OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					С	HICAG	Ю			IL		606	61
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB								able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE				Γ-LEVEL	NAME				
GA30366								ncoln N							
HEADQUARTERS OR ESTABLISHME		EL ADE	DRESS					ITY/TOV				STATE		ZIP CC	
3450 N 35Th	Circle						L	INCOL	N			NE		6850	04
	SECTI	ON D -	EMPI	LOYER	IDEN'		TION N	IUMBE	R (EIN	)					
		SECTIO	ON E -	EMPL			ELIG	BILIT	Y						
X YES (Employer Is Eligible										NO LON	NGER I	IN BUSI	INESS		
				L CONT											
	, 11011			tity ID (					п аррис						
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (H	- leadana	rters is I	Federal	Contrac	tor) $\square$	VES (N	Jon-Hea	danarter	e Fetabl	ishment	is Feder	ral Contr	actor)		
☐ 1E5 (1:	icauqua							-					actor)		
				)N G - I		_			iments i	s Federa	ı Contr	actor)			
	423			ehicle F					salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	HIC DA	TA						
							Race/E	thnicit	у						
		anic					Not	Hispar	ic or L	.atino					
	or La	atino			M	lale		1			Fer	nale	ı	1	
JOB CATEGORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	<u>0</u>	ale	ţe	Afr	Ę	vaii c Is	Ind	- Le	ţ	r or	Ę.	vaii	Ind	-E	Total
	Male	Female	White	ck or Afric American	Asian	Ha	an ka l	ω	White	Black or an Amer	Asian	Ha	an ka I	Θ	
		ш	_	A Zk	`	P Ve	eric las	ō		E B	`	e G	eric las	ō	
				ä		lati	ĕ ₹	, ×		Afr		lati	μĂΑ	, Š	
						2 g	`	_				2 ō	`	-	
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	1	0	0	0	0	0	4
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 5
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Operatives

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	~	YPE OF REPORT NT-LEVEL REPORT		
	SECTION B - EMPLO	YER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
PA92681		Bennett CO - LKQ Denver		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
40100 E C	Colfax Ave	BENNETT	CO	80102

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5E	CHOP	(H – V	VORKE	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	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	3	0	0	0	0	0	7
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	4	0	3	0	0	0	0	0	0	0	0	0	0	0	7
Operatives	1	0	4	0	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers	2	0	9	0	0	0	0	0	0	0	0	0	0	0	11
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	8	0	19	0	0	0	0	0	3	0	0	0	0	0	30
PRIOR 2022 REPORTING YEAR TOTAL	6	0	5	0	0	0	0	1	0	0	0	0	0	0	12

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

	ESTABLISHMENT-LEVEL REPORT
	SECTION B – EMPLOYER IDENTIFICATION
OFS COMPANY ID	EMPLOYER NAME

AC16425 CHICAGO IL - CORPORATE OFFICE

ADDRESS CITY/TOWN STATE ZIP CODE

500 W MADISON ST STE 2800 CHICAGO IL 60661

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

HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

QP16873 Sheridan CO

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN STATE ZIP CODE
3701 S Santa Fe Dr, Unit 1 SHERIDAN CO 80110

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

95292055

### SECTION E - EMPLOYER FILING ELIGIBILITY

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

### ${\bf SECTION}\ {\bf F-FEDERAL}\ {\bf CONTRACTOR}\ {\bf DESIGNATION}\ ({\bf if\ applicable})$

Unique Entity ID (UEI): Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHO	111 – V	VUKKI	OKCE	DEMO									
							Race/E	thnicit	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		•			Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	4	0	0	0	0	0	1	0	0	0	0	0	6
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 2023 REPORTING YEAR TOTAL	1	0	4	0	0	0	0	0	1	0	0	0	0	0	6
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INI	FORM	ATIO	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
			SECT	TON A	- TYP	E OF RI	EPORT					•			
			ESTA	BLISHN	/ENT-I	LEVEL	REPOR	RT							
		SECT	TION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	0 IL - 0	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HE	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE!				Γ-LEVEL	NAME				
QP17126							Cor	ncord C	A						
HEADQUARTERS OR ESTABLISHME			DRESS					TY/TOW				STATE		ZIP CC	DE
2666 Willow Pa	ass Rd						C	ONCOF	RD			CA		9451	19
	SECTI	ON D -	- EMPI		IDEN'	FIFICA'	TION N	UMBE	R (EIN	)					
		SECTIO	ON E -				ELIGI	BILITY	Y						
X YES (Employer Is Eligible	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): Not Applicable  ishment Employer is Federal Contractor) VES (Multi-Establishment Employer is Federal Contractor)														
				-											
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
YES (Single-Establishme	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  hment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
<del>_</del>	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
LI IES (H	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
									ments i	s Federa	ıl Contra	actor)			
	4231					INFOR			salers						
						DEMO									
							Race/E								
	Hisp						Not	Hispan	ic or L	.atino					
	or La	atino			M	lale		1			Fer	nale			
JOB CATEGORIES		_		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 Islander	lian or tive	Two or More Races	Row
	Male	Female	White	ck or Afric American	Asian	awa ific I	nerican Indian Alaska Native	Aore	White	Black or	Asian	awa ific I	American Indian Alaska Native	Aore	Total
	2	Fe	>	ck c	¥	e H Pac	rica ask	٥٠١	>	Bla	₹	e H Pac	rica ask	٥r آ	
				Bla		lativ	Ame Ak	, WO		Afric		lativ ther	Ame Ala	۸o	
						20						ء م			
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3
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
CURRENT 2023 REPORTING YEAR TOTAL	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

PRIOR 2022 REPORTING YEAR TOTAL

U.S. EQUAL EMPLO' 2023 EMPLOYER IN													Revised ontrol Nu	08/2023 mber: 30-	46-0049
			ESTA	TION A BLISHN	/ENT-l	EVEL	REPOR	RT							
-		SECT	'ION B	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					С	HICAG	О			IL		6066	61
SECTION C - HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
QP16193							La	nsing N	<b>/II</b>						
HEADQUARTERS OR ESTABLISHME															DE
5321 S Penns	sylvania LANSING MI 489°													10	
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
X YES (Employer Is Eligible	to File)	□ NO	(Emplo	oyer Is N	lot Elig	ible to F	ïle)	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SEC	CTION			L CONT				TION (	if applic	able)					
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
TYES (H	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	lon-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (Or	ne or Mo	ore Non	-Headqı	arters E	Establish	ments i	s Federa	l Contra	actor)			
	400			)N G - 1											
				ehicle F VORKF											
			1 1 1	· OILIII	ORCL		Race/E								
	Hisp	anic						Hispar	•	atino					
	or L	atino			М	ale					Fen	nale			
				_		or der	ō	es		ء		or der	ō	es	
JOB CATEGORIES				ricar		iian Slan	dian	Rac		or erica		iian slan	dian	Rac	Row
	Male	Female	White	r Af	Asian	awa fic I	Na Na	ore	White	k o	Asian	awa fic I	l Po	ore	Total
	Σ	Fer	×	ack or African American	As	ive Hawaiian or r Pacific Islandeı	erican Indian or Maska Native	or More Races	×	Black or rican American	As	ive Hawaiian or r Pacific Islande	erican Indian or Naska Native	or More Races	

									-						
		oanic					Not	Hispan	nic or L	atino					
	or La	atino			M	lale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	3	0	0	0	0	0	0	0	0	0	0	0	4
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 2023 REPORTING YEAR TOTAL	1	0	3	0	0	0	0	0	0	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-	1 COM	PONE	NT 1)							
			SECT	TION A	- TYP	E OF RI	EPORT								
			ESTA	BLISHN	ΛΕΝΤ-Ι	LEVEL	REPOR	RT							
		SECT	'ION B	R – FMP	OVE	R IDEN	TIFICA	TION							
OFS COMPANY ID		SECI	ION	– ENII	LOIL	KIDEN			AME						
AC16425					C	HICAG				OFFICE	=				
												~~.~~	1	=======================================	
ADDRESS															
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
	EADQU	ARTEI	RS OR	ESTAB								ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADO	QUARTEI	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
QP17225							Fre	esno C	A						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DE
1425 N First	Street						F	RESN	0			CA		9370	)3
	CECTI	OND	EMDI	OVED	IDEN	PIEICA'	TION N	HIMDE	D (EIN	n					
	SECTI	ON D -	. INTL				HONN	ONIDE	K (EII)	,					
		SECTIO	ON E -				ELIGI	BILIT	Y						
VFS (Employer Is Eligible										NO I O	NCFRI	N RIIGI	INFCC		
	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEO	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
	EECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (I	Ieadqua	rters is F	Federal	Contrac	tor)	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	ractor)		
_ `					. —			•							
									illients i	s reuera	ii Coliua	ictor)			
	423								ealere						
		201101	111 /	· OILIII	ORCE										
	Hier	anic							•	atino					
					M	lale	1101	Пори		umo	Fer	nale			
											1				
						~ <u>ē</u>	-	တ္		_		≍ <u>a</u>	<b>=</b>	S	
				an		2 S	e in	ခြင့်		g.		anc an	e e	ace	Row
JOB CATEGORIES		ø		iric	_	lia Isla	dia di	ě	-	P eric	_	aiia Isla	dia dia	ž	Total
	ae	nal	)ite	r A	ian	Ei 🧏	Ξž	ore	)ite	N E	ian	Ei 🦓	Ξž	ore	Iotai
	Ž	-e	₹	io am	As	Sci 표	ska	Š	⋛	lac la	As	aci H	ska	Š	
		ш.		A P		δĢ	aric las	ō		<u>е</u> в		ě č	as las	ō	
				Bi		ati he	ک تِ	8		₽ŧ		ati he	۲≝۹	8	
						zδ	⋖	ı É				zδ	⋖	ŕ	
F		_		•	•				•			_	_	•	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers															0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	ADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Fresno CA  ST-LEVEL ADDRESS  CITY/TOWN STATE STATE SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY 10 File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  TION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable  Int Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  1 YES (One or More Non-Headquarters Establishments is Federal Contractor)  2 YES (One or More Non-Headquarters Establishments is Federal Contractor)  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Not Hispanic Or Latino  Male  Race/Ethnicity  Not Hispanic Or Latino  Not Hispanic Or Latino  Or Latino  Or Latino  Not Hispanic Or Latino  Or Latino  Or O O O O O O O O O O O O O O O O O O													
Sales Workers	EMPLOYER NAME														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	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
										<del></del>					

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Service Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLO 2023 EMPLOYER IN												OMB Co	Revised ( ontrol Nur ation Dat	nber: 30	
			SECT	TON A	– TYPI	E OF R	EPORT								
			ESTA	BLISH	∕IENT-I	LEVEL	REPOR	RT							
		SECT	ION B	-EMP	LOYE	R IDEN	TIFICA								
OFS COMPANY ID					•			OYER N		055105					
AC16425					C	HICAG				OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CO	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HI	EADQU	ARTEI	RS OR	ESTAE	LISHN	AENT-I	LEVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ıble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					-LEVEL	NAME				
MV45716															
HEADQUARTERS OR ESTABLISHME	MENT-LEVEL ADDRESS CITY/TOWN STATE ZIP COD													DE	
954 S Kerr														)3	
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)			I.		
					952920										
X YES (Employer Is Eligible							G ELIGI ile) 🔲			NO LON	NGER I	N BUSI	NESS		
SEC	CTION					OR DE	SIGNA'	TION (	if applic	able)					
YES (Single-Establishm	•	•													
☐ YES (F	Ieadqua	rters is F	Federal	Contrac	tor)	YES (N	Von-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (On	e or Mo	ore Non	-Headqı	arters E	stablish	ments i	s Federa	l Contra	actor)			
	4231						MATIC erchant		salers						
	SE	CTION	I H – W	ORKE	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E		•						
	Hisp					-1-	Not	Hispar	ic or L	atino					
	or La	atino			IVI	ale	1				ren	nale			
JOB CATEGORIES		le	Ф	ıfrican San	u	aiian or Islander	ndian or ative	e Races	Φ	or nerican	u	aiian or Islander	ndian or ative	e Races	Row Total

							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0
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 2023 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`								Expir	ation Dat	e: 11/30/	/2026
				TION A BLISHN				PT			•				
		SECT		B – EMP											
OFS COMPANY ID		SECI	IONI	- ENIF	LOIL	KIDEN		OYER N	AME						
AC16425					С	HICAG				OFFICE	•				
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C -	HEADOI	IADTE	DS OD	FCTAR	I ICHN	/FNT_I	EVEL	IDENT	TEICA	TION (i	fapplica	abla)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	ILADQU	AKIL	KB OK							Γ-LEVEL		aoic)			
EW12681					`		nderso								
	TO VE V EV	TEX ABO	DEGG									GE A EE		ZID GG	DE.
HEADQUARTERS OR ESTABLISH		VEL ADL	DRESS					TY/TOV				STATE		ZIP CC	
9090 Bright	on Road						HEI	NDERS	SON			CO		8064	40
	SECTI	ON D -	-EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)					
<u>_</u>				EMPL	OYER	FILING									
X YES (Employer Is Eligil	ole to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER I	IN BUS	NESS		
S	ECTION	F-FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	TION (	if applic	able)					
				tity ID (											
☐ YES (Single-Establish	ment Em	olover is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
<del>-</del> · · ·	-	•													
☐ YES	(Headqua	rters is i	rederai	Contrac	tor)	YES (N	on-Head	iquarter	s Estabi	isnment	is Feder	rai Contr	actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contr	actor)			
		S	ECTIO	ON G - 1	NAICS	INFOR	MATIO	N							
				ehicle P											
	SI	ECTION	V H – V	VORKF	ORCE										
							Race/E		•						
		oanic					Not	Hispan	ic or L	.atino					
	or L	atino			IVI	ale	1			1	Fer	nale			
						. 5									
				⊆		Native Hawaiian or Other Pacific Islande	ō	Two or More Races		an		Native Hawaiian or Other Pacific Islander	o	Two or More Races	
JOB CATEGORIES				Black or African American		ian	American Indian or Alaska Native	Ra		Black or African American		ian	American Indian Alaska Native	Ra	Row
JOB CATEGORIES	o o	Female	9	ck or Afrio American	⊆	vai	nd Vat	-G	9	Black or an Amer	⊆	cls	nd Iat	e_	Total
	Male	Ĕ	White	or / eri	Asian	jay	ın l	No.	White	Ar Ar	Asian	i≟a	ın l	Q.	
		윤	>	ke A	⋖	e F	ica	r	>	Bla	⋖	e H	ica	-	
				ilac		ţi,	ner Ala	00		fric		er ţ	ner Ala	00	
				ш		N E	An	≱		Ā		₽ ₩	An	≥	
												"			
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	1	7	0	0	0	0	0	0	0	0	0	0	0	8
Professionals Tachnicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	1	0	2	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	2	0	6	0	0	0	0	0	0	0	0	0	0	0	8
Operatives	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 6	1	16	0	0	0	0	0	1	0	0	0	0	0	24
PRIOR 2022 REPORTING YEAR TOTA	L 4	1	6	1	0	0	0	0	1	0	0	0	0	0	13

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

												Expii	ation Dai	c. 11/50/	2020
			-			-	-	_			•				
		SECT	TON B	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID															
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS		SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE THE ADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Philadelphia PA - APO  ST-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE ST-LEVEL ADDRESS CITY/TOWN STATE PA 19134  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY OF File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  STON F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UE): Not Applicable Int Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  Cadquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino Or Latino Male Female													
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	<b>31</b>
	ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE  CHICAGO IL 60661  EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Philadelphia PA - APO  ENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  to File NO (Employer Is Not Eligible to File EMPLOYER NO LONGER IN BUSINESS  CTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  I adquarters is Federal Contractor) YES (Multi-Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino  Or Latino Male Female														
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Philadelphia PA - APO  MENT-LEVEL ADDRESS  CITY/TOWN STATE PHILADELPHIA PA 19134  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  The to File NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
GN78846						Р	hiladelp	hia PA	- APC	)					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADE	RESS				CI	TY/TOW	VΝ			STATE		ZIP CC	DDE
3401 Gau	l St						PHIL	.ADELF	PHIA			PA		1913	34
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)					
	SECTION E – EMPLOYER FILING ELIGIBILITY  to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
X YES (Employer Is Eligible	le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
SEC	ole to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
	Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
<del>_</del> _ , ,	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (F	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ument Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
		☐ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
	4231	140 - M	otor V	ehicle P	arts (U	sed) M	erchant	Whole	salers						
	SE	CTION	N H – V	VORKE	ORCE										1
									•						
					N/	olo	Not	Hispan	IC Or L	atino	For	nala			
	OI L	aumo			IVI	ale					rei	lale	I		
JOB CATEGORIES	ø	ale	e e	African can	u	raiian or c Islander	ndian or Iative	re Races	e e	or nerican	u	vaiian or c Islander	ndian or Jative	re Races	Row Total
	Mal	Fem	Whi	lack or / Ameri	Asia	tive Hav er Pacifi	nerican I Alaska N	o or Mo	Whi	Black rican Ar	Asia	tive Hav er Pacifi	nerican I Alaska N	o or Mo	
				В		Nai	An	Ž		Af		Na Othe	An'	MΤ	
Executive/Senior Level Officials and Managers	0	ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  CITY/TOWN  STATE  CHICAGO  CHICAGO  CHICAGO  CHICAGO  IL  60661  DOUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Philadelphia PA - APO  LEVEL ADDRESS  CITY/TOWN  STATE  PA  19134  CTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ON F - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UED): Not Applicable  Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  Quarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Not Hispanic													
First/Mid-Level Officials and Managers	0	SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B – EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN CHICAGO  CITY/TOWN CHICAGO  CITY/TOWN CHICAGO  CITY/TOWN CHICAGO  CITY/TOWN CHICAGO  CITY/TOWN CHICAGO  CITY/TOWN CHICAGO  LEVEL ADDRESS  CITY/TOWN PHILADELPHIA PA  CITY/TOWN PHILADELPHIA PA  CITY/TOWN PHILADELPHIA PA  CITY/TOWN PA  STATE PA  19134  CITY/TOWN PA  CITY/TOWN PHILADELPHIA PA  CITY/TOWN PA													
Professionals Tack districts															0
Technicians							_								0
Sales Workers	1														3
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
COLVICO VVOINCIO	U	U	U	U		U	U	U	U	U		U	U	U	U

0 SECTION I - WORKFORCE SNAPSHOT PERIOD

0

0

12/10/2023 - 12/23/2023

0

0

0

0

0

0

0

3

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLOY 2023 EMPLOYER INI												OMB Co	Revised ontrol Nu ation Dat	08/2023 mber: 304	46-0049
						E OF RI									
			_	_		_EVEL I	_								
OFFICE COLUMN TO		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID					0			OYER N		OFFICE					
AC16425						HICAG				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	
500 W MADISON S								HICAG				IL		6066	51
SECTION C - HE	ADQU	ARTE	RS OR	ESTAE		MENT-L UARTEI						ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID  EB31537					HEADQ	UAKTEI		ustin T		-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
2500 Scarbrough I	Or Ste	100					/	AUSTIN	1			TX		7872	28
	SECTI	ON D -	EMPI			TIFICA	TION N	UMBE	R (EIN	)	<u> </u>				
		TOTAL	ONE		952920		TTTO	DII III	.7						
X YES (Employer Is Eligible	SECTION E – EMPLOYER FILING ELIGIBILITY  ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
		Uni	ique En	tity ID (	<u>UEI)</u> :	Not App	licable	`		,					
☐ YES (Single-Establishme	ent Emp	loyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishn	ent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (H	eadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
	•					-Headqu			ments i	s Federa	l Contra	actor)			
	4231					INFOR			salers						
						DEMO									
							Race/E		•						
	Hisp or La				M	ale	Not	Hispan	ic or L	atino	Eon	nolo			
	Or La	atino			IVI	ale					ren	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

First/Mid-Level Officials and Managers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Administrative Support Workers

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION

OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

ET08082 LaGrange NC - East Carolina HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 7135 Highway 70 West LA GRANGE NC 28551

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

	SE	CTION	I H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicit	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	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	5	0	0	0	0	0	8
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	1	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	3	0	3	2	0	0	0	1	0	0	0	0	0	0	9
Operatives	1	0	13	1	0	0	0	0	1	0	0	0	0	0	16
Laborers and Helpers	0	0	2	1	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	4	0	22	4	0	0	0	1	7	0	0	0	0	0	38
PRIOR 2022 REPORTING YEAR TOTAL	5	1	16	3	0	0	0	1	3	0	0	0	0	1	30

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/202

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI E0 IEMI			·	0111 (	LLO .	1 001/1	1 01 (12)	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHM				T							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CC	
500 W MADISON								HICAG				IL		6066	61
SECTION C – H	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	TABLE	IFICA'	<b>ΓΙΟΝ</b> (if Γ-LEVEL	applica	ıble)			
QP16048					HEADQ	VUAKTEI		x Falls		I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	ENT-I EV	/FI ADD	DRESS					TY/TOW				STATE		ZIP CC	DE
3505 N 1s		LL ADL	KLSS					UX FA				SD		5710	
		ON D -	EMPI	LOYER						)					
		SECTIO	ON E -	EMPL(	52920 OYER		ELIGI	BILITY	Y						
XYES (Employer Is Eligible										NO LON	IGER I	N BUSI	NESS		
SE	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  hment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	Unique Entity ID (UEI): Not Applicable  hment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES (Single-Establishr	Unique Entity ID (UEI): Not Applicable  hment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
YES (	hment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor)   YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	(Headquarters is Federal Contractor) <b>YES</b> (Non-Headquarters Establishment is Federal Contractor) <b>YES</b> (One or More Non-Headquarters Establishments is Federal Contractor)														
	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
				VORKE											
	1						Race/E								
	Hisp						Not	Hispan	ic or L	atino					
	or La	atino		1 1	М	ale	l 1				Fen	nale			
				can		Native Hawaiian or Other Pacific Islander	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	Row
JOB CATEGORIES	Ð	a <u>e</u>	te	Black or African American	Ę	vaiia c Isl	nerican Indian Alaska Native	Б В	ţ.	r or meri	Ę	vaiia c Isl	nerican Indian Alaska Native	Б В	Total
	Male	Female	White	or ,	Asian	Hav	an l ka l	§	White	Black or an Amer	Asian	Hav	an l ka l	§	
		ш		ack		r Pg	eric	ō		B		ive r Pa	eric	ō	
				՝		Nat	Am	×		Afi		Nat Othe	Am A	×	
		_													
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	. 0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`								Expir	ation Dat	e: 11/30/	2026
				TION A BLISHN				т.			•				
		CECT		B – EMP											
OFS COMPANY ID		SECI	IONE	- ENIP	LUIE	KIDEN		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - 1	IE A DOI	ADTE	DS OD	ECTAD	T ICHN	/ENT I	EVEL	IDENT	IEICA'	TION (i	fannliae	abla)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	AKIL	NO OK							Γ-LEVEL		ible)			
EP38151						-	tsville /								
						Tiui				CC					
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOW				STATE		ZIP CC	
6942 Stringfi	eld Road						HU	NTSVII	LLE			AL		3580	)6
	SECTI	ON D -	-EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)	•		•		
_				EMPL	OYER	FILING									
X YES (Employer Is Eligib	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): Not Applicable ishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
S	ECTION							ΓΙΟΝ (i	if applic	able)					
		Un	ique En	tity ID (	<u>UEI)</u> :	Not App	licable								
☐ <b>YES</b> (Single-Establish	ment Emr	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
	shment Employer is Federal Contractor)														
LI TES															
	S (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
				ehicle P											
	SE	ECTION	V H – V	VORKF	ORCE		-								1
							Race/E		,						
		oanic					Not	Hispan	ic or L	atino					
	or La	atino			IVI	ale				1	Fen	nale	1		
						- <del> </del>		"				- 7	١.	"	
				⊆		Native Hawaiian or Other Pacific Islande	o (	Two or More Races		an		Native Hawaiian or Other Pacific Islander	p (	Two or More Races	
JOB CATEGORIES				Black or African American		ian	American Indian or Alaska Native	Ra		Black or African American		ian	American Indian Alaska Native	Ra	Row
JOB CATEGORIES	O	e E	9	Afr ca⊨	⊆	vai	nd lat	<u>ē</u>	9	ne	⊆	vai	nd Aat	-G	Total
	Male	Female	White	or / eri	Asian	jay	ın l	ē	White	Black or an Amer	Asian	aş	a l	Q.	
		윤	>	ck or Afrio American	⋖	e F	ica	_	>	Bla	⋖	e F	ica	r	
				ilac		ti er l	Ala	õ		fric		er l	Ag Ag	00	
				ш		N E	An	≥		¥		P S	An	≥	
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	1	0	0	0	0	0	1
Professionals	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Technicians Sales Workers	0	0	0	2	0	0	0	0	2	1	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	1	0	0	0	0	5 1
Craft Workers	0	0	0	4	0	0	0	0	1	1	0	0	0	0	6
Operatives	0	0	1	1	0	0	0	0	0	1	0	0	0	0	3
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 2023 REPORTING YEAR TOTA	L 0	0	1	8	0	0	0	0	4	4	0	0	0	0	17
PRIOR 2022 REPORTING YEAR TOTA	_ 0	0	1	5	0	0	0	1	2	1	0	0	0	0	10

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2023 EMPLOYER IN	FORM	AHO	NKEI	OKI (	EEO-	I COM	PONE	N1 1)					ation Dat		
				TON A - BLISHN				т							
		SECT		B – EMP											
OFS COMPANY ID		SECI	ION	- ENIF	LUIE	KIDEN		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	/NI			STATE	1	ZIP CO	DE
500 W MADISON S	ET STE	2000						HICAG				IL		6066	
														0000	) [
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL I	IDENT	IFICA'	<b>ΓΙΟΝ</b> (if Γ-LEVEL	f applica	ible)			
EB31481					пеарс	UAKILI		con G		I-LEVEL	IVAIVIL				
												~			
HEADQUARTERS OR ESTABLISHM								TY/TOW				STATE		ZIP CO	
580 Joe Tamplin Indus		-		OVED	TDEN!	DIET CA		MACON				GA		3121	7
					952920	557									
VES (Employer le Eligibl				EMPLO						NO LON	JCED I	INI DI ICI	INIECC		
	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
SE	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
□ <b>*</b> /PG (G' 1 E ( 11' 1	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (	Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	•														
	400														
	423°	CCTION	otor V	ehicle P VORKF	ORCE	DEMO	erchant GRAPE	Whole IIC DA	salers TA						
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	lale					Fen	nale			
												. 5			
				⊊		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		an		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES				Black or African American		iiar	American Indian or Alaska Native	Ra		Black or African American		iiar	nerican Indian Alaska Native	Ra	Row
	<u>e</u>	Female	White	ck or Afric American	Asian	ic ls	Ind Na	<u>e</u>	White	Black or an Amer	Asian	wai ic l	Ind Na	ē	Total
	Male	e.	×	or ner	Asi	Ha	ka	Ĕ	Š	lac n A	Asi	Ha	ka	ĭ	
		ш		A Zk		a e	eric las	ō		B		e e	eric las	ō	
				Bis		ati	A A	۸ ۸		Afri		ati	A A	8	
						Z 5	٩	-		,		z g	٩	<b>—</b>	
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	1	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	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	1	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	3	3	0	0	0	0	0	1	0	0	0	0	7
Laborers and Helpers	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	7	6	0	0	0	0	1	2	0	0	0	0	16
PRIOR 2022 REPORTING YEAR TOTAL	0	0	6	5	0	0	0	0	0	2	0	0	0	0	13

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION

OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

QP17271 Sacramento CA

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1099 Vine Street, Ste 206 **SACRAMENTO** CA 95811

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	1 H – V	VORKE	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
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 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	•	SECTIO	NIT _ '	WODE	FODCE	CNIAD	TOUS	DEDIAI	`						

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

2023 EMILLOTER	INFORMATION REPORT (EI	20-1 COMPONENT 1)	Expirati	on Date: 11/30/2026											
	SECTION A - T	TYPE OF REPORT													
	ESTABLISHME	NT-LEVEL REPORT													
	SECTION B - EMPLO	OYER IDENTIFICATION													
OFS COMPANY ID		EMPLOYER NAME													
AC16425	AC16425 CHICAGO IL - CORPORATE OFFICE  ADDRESS CITY/TOWN STATE ZIP CODE														
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE											
500 W MADISO	ADDRESS CITY/TOWN STATE ZIP CODE  500 W MADISON ST STE 2800 CHICAGO IL 60661														
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ												
QP16862		Westminster CO													
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE											
3031 Wes	t 74th Ave	WESTMINSTER	CO	80030											
		ENTIFICATION NUMBER (EIN) 2920557													
	SECTION E - EMPLOY	ER 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	0	0	0	0	0	3	0	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	3	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO		,									ontrol Nu ation Dat			
			SECT	TON A	- TYP	E OF RI	EPORT	ı								
			ESTA	BLISH	∕IENT-I	LEVEL	REPOF	RT								
		SECT	ION B	- EMP	LOYE	R IDEN										
OFS COMPANY ID								OYER N								
AC16425					С	HICAG	O IL - C	ORPO	RATE (	OFFICE	Ē					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE	
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61	
SECTION C – HI	EADOU	ARTEI	RSOR	ESTAB	LISHN	/ENT-I	EVEL	IDENT	TFICA	FION (i	f applica	able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID	3.12 Q C		10 011			UARTE										
QP16532							Ches	apeake	· VA							
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL.ADD	RESS				C	TY/TOV	VN			STATE	1	ZIP CC	DDE	
911 Live Oa		22.122	11255					SAPE				VA		2332		
		~										***				
	SECTI	ON D –	EMPI		IDENT 952920	ΓΙ <mark>ΓΙ</mark> CΑ΄   <mark>557</mark>	TION N	NUMBE	R (EIN	)						
	SECTION E – EMPLOYER FILING ELIGIBILITY e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
X YES (Employer Is Eligible	to File)	to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEV		Unique Entity ID (UEI): Not Applicable														
VFS (Single-Establishm	ent Emr															
_	-															
☐ YES (F	Ieadqua	rters is I	Federal	Contrac	tor) 📙	YES (N	Ion-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)			
		$\square$ Y	ES (Or	ne or Mo	ore Non	-Headqu	arters E	Establish	ments i	s Federa	ıl Contra	actor)				
						INFOR										
	4231	140 - M	otor V	ehicle F	arts (L	Ised) M	erchant	Whole	salers							
	SE	CTION	H – V	VORKE	ORCE	DEMO									1	
								thnicit								
		anic atino			M	ale	Not	Hispan	ic or L	atino	For	nale				
	OI L	l		I	IV	ale					rei	liale	I		1	
						- <u>-</u> 5	_	S				- a	_	S		
				au		Native Hawaiian or Other Pacific Islander	n or	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	n or	or More Races		
JOB CATEGORIES		o o	-	Black or African American	_	ajia Isla	American Indian Alaska Native	8	_	eric	_	ajja Isla	American Indian Alaska Native	8	Row Total	
	Male	Female	White	ck or Afric American	Asian	Fic a	Ξž	ore	White	Black or an Amer	Asian	awa fic	<u> </u>	ore	IOlai	
	Ž	Fer	≶	a k	As	aci H	car	Ž	₹	slac an /	As	SC.	car	Ž		
		_		ac		i e	leri Na:	ō		H '5		i Ve	leri Na:	ō		
				8		Par Epe	Am /	Ž		₽		Nat	Am /	ΔMO		
						- 6		l •				- 6		•		
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 Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Operatives

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

#### OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB30217 Sterling MA HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 21 Chocksett Road **STERLING** MA 01564 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA

							Race/E	thnicity	/					ļ	
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	5	0	0	0	0	0	0	0	0	0	0	0	6
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	7	0	24	1	1	0	0	0	1	0	0	0	0	0	34
Laborers and Helpers	16	0	12	3	0	0	0	2	0	0	0	0	0	0	33
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	24	0	43	4	1	0	0	2	2	0	0	0	0	0	76
PRIOR 2022 REPORTING YEAR TOTAL	16	0	36	2	0	0	0	2	0	0	0	0	0	0	56

SECTION I - WORKFORCE SNAPSHOT PERIOD

EEOC Standard Form 100 (SF 100)

2023 EMPLOYER IN													Revised ontrol Nur ation Dat	mber: 304	
						E OF RI									
						EVEL									
		SECT	TION E	– EMP	LOYE	R IDEN									
OFS COMPANY ID					_			OYER N		055105	_				
AC16425					C	HICAG	O IL - C	ORPO	RATE	OFFICE	=				
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DDE
500 W MADISON S	ST STE	2800					С	HICAG	О			IL		6066	51
SECTION C - H	EADQU	ARTE	RS OR	ESTAE	LISHN	1ENT-I	EVEL	IDENT	IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
JB60518							Parke	rsburg	WV						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADE	ORESS				CI	TY/TOW	VN			STATE		ZIP CO	DDE
3706 Camde	n Ave						PARI	KERSB	BURG			WV		2610	)1
	SECTI	ON D -	- EMPI		IDENT 952920	TIFICA'	TION N	UMBE	R (EIN	)	l				
		SECTIO	ON E -			FILING	ELIGI	RILITY	V						
X YES (Employer Is Eligible										NO LOI	NGER	IN BUSI	NESS		
SEC	to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
52	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm															
<del>_</del>	-	•													
YES (I	leadqua				. —			•					actor)		
						-Headqu			ments i	s Federa	ıl Contra	actor)			
	422	S	ECTIO	NG-I	NAICS	INFOR	MATIO	N Whole	ooloro						
						DEMO									
		201101	111 1	· OILIII	ORCE		Race/E								
	Hisn	anic							ic or L	atino					
		atino			М	ale		Порил			Fer	nale			
															1
				_		o de	ō	es		_		o de	ō	es	
IOR CATECORIES				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	Row
JOB CATEGORIES	o o	<u>e</u>	ē	ck or Afric American	⊆	/aii	ndi Iat	e.	த	Black or an Amer	⊆	/aii	ndi Iat	ē	Total
	Male	Female	White	or /	Asian	i≟ a	an I ca I	Nol	White	A Sc	Asian	da,	an I ca I	₽	
	_	L L	>	A Ck	•	Pa	rica	or	>	E E	•	Pa	rica as l	,   	
				Sla		e ği	me Al	0/		į		ati er	ne Al	9	
				-		žŧ	Ā	^		◀		ᇐ	Ā	_ ≥	
5 (0 ) 1 10(5)														<del></del>	
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	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Administrative Support Workers	0	0	0	U	U	U	0	U	0	U	0	1 0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Craft Workers

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

Operatives

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INI	ORM	ATIO	N REI	PORT (	EEO-	I COM	PONE	NT 1)					ation Dat		
			SECT	TON A	- TYP	E OF RI	EPORT								
						LEVEL									
		SECT	ION B	- FMP	IOVE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	IONE	- 151411	LOIL	KIDEN		OYER N	IAME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
												GE A EE	1	7TD 00	- DE
ADDRESS								TY/TOV				STATE		ZIP CC	
500 W MADISON S	T STE	2800					С	HICAG	Ю			IL		606	61
SECTION C - HE	CADQU	ARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
QP16094							Laf	ayette l	IN						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				Cl	TY/TOV	VN			STATE		ZIP CO	DDE
2045 Green								FAYET				IN		4790	
	SECTI	ON D –	EMPI			TIFICA'	TION N	UMBE	R (EIN	)					
	952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
_	ole to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
X YES (Employer Is Eligible	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEC	CCTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
	<u>Unique Entity ID (UEI)</u> : Not Applicable														
☐ YES (Single-Establishme	Unique Entity ID (UEI): Not Applicable														
<del>_</del> · · ·	<u>Unique Entity ID (UEI)</u> : Not Applicable  nent Employer is Federal Contractor) ☐ <b>YES</b> (Multi-Establishment Employer is Federal Contractor)  Headquarters is Federal Contractor) ☐ <b>YES</b> (Non-Headquarters Establishment is Federal Contractor)														
☐ YES (H	eadqua	rters is I	ederal	Contrac	tor)	YES (N	on-Head	dquarter	s Establ	ishment	is Fedei	ral Contr	actor)		
		$\square$ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	Establish	nments i	s Federa	d Contra	actor)			
		S	ECTIO	N G - 1	NAICS	INFOR	MATIC	N							
	423	140 - M	otor V	ehicle P	arts (L	lsed) M	erchant	Whole	salers						
	SE	CTION	I H – V	VORKF	ORCE	DEMO	GRAPI	HIC DA	TA						
							Race/E	thnicit	у						
		anic					Not	Hispan	nic or L	.atino					
	or La	atino			М	ale	1	1		1	Fer	nale	1	ı	
						_						_			
				_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		⊆		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian Alaska Native	Sac		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian Alaska Native	Sac	Row
JOB CATEGORIES	σ	Female	ē	ck or Afric American	_	/aii	nd lat	e	ė	Black or	_	/aii	ndi	e.	Total
	Male	l E	White	or / eri	Asian	ĕ ≝	a P	₽	White	돌	Asian	ĕ j <u>≅</u>	ın l	9	
	_	Fe	>	ke Am	⋖	e F	ica	, <u>,</u>	>	Bla	⋖	e F	ica	Ž	
				ilac		er l	Ag Je	ĕ		Ë		er ţ	ner Ala	Õ	
				ш		R ₹	A	≥		₹		≥ Sa	An	≥	
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 Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Operatives

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INI	INFORMATION REPORT (EEO-1 COMPONENT 1)												ontrol Nu ration Da		
			SECT	TION A	- TYP	E OF R	EPORT								
			ESTA	BLISH	MENT-	LEVEL	REPOF	RT							
		SECT	ION B	B – EMF	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID								OYER N	IAME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					C	HICAG	O			IL		606	31
SECTION C - HE	EADQU	JARTEI	RS OR	ESTAF	LISHN	MENT-I	LEVEL	IDENT	TFICA'	TION (if	applica	able)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME				
MV45707							Au	gusta G	SA .						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADD	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
3307 Comme														3090	09
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
	952920557 SECTION E – EMPLOYER FILING ELIGIBILITY														
					-										
X YES (Employer Is Eligible	to File)	∐NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 📙	EMPL	OYER	NO LON	IGER I	IN BUS	INESS		
SEC	CTION	F - FEI							if applic	able)					
				tity ID (						, .	Б. 1	10.			
YES (Single-Establishme	-														
☐ YES (H	Ieadqua	rters is F	Federal	Contrac	tor)	YES (N	Non-Hea	dquarter	s Establ	ishment	is Feder	ral Conti	ractor)		
		$\square$ Y	ES (Or	ne or Mo	ore Non	-Headq	uarters E	Establish	nments i	s Federa	l Contra	actor)			
				)N G - 1											
		140 - M ECTION													
	SE	CHON	(n – v	VUKKI	OKCE		Race/E								
	Hisr	anic							nic or L	atino					ł
		atino			M	lale	1101	mopui	10012	<u>.a.m.o</u>	Fen	nale			
															1
				_		o e	5	es		ے		ᅙ	ō	es	
JOB CATEGORIES				cal		an	an	Sac		ica		an	an	Sac	Row
JOB CATEGORIES	ø	ale .	te	Afri	⊆	vaii	ndi	e F	9	ner	⊆	vaii	ndi  ati	le F	Total
	Male	Female	White	k or African merican	Asian	Hawaiian or acific Islander	ican Indian or ska Native	r More Races	White	3lack or an American	Asian	Hawaiian or acific Islander	can Indian ska Native	More Races	
	l	ш.	_	¥	_	1 0 0	၂၂၁ တ	<u> </u>	_	<u> </u>	-	1 4 40	ျပ္	<u>-</u>	1

								thnicit	•						
	Hisp	anic					Not	Hispan	nic or L	atino					
	or La	atino			M	ale					Fer	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
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 2023 REPORTING YEAR TOTAL	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
PRIOR 2022 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

EMPLOYER NAME

AC16425 CHICAGO IL - CORPORATE OFFICE

ADDRESS CITY/TOWN STATE ZIP CODE

500 W MADISON ST STE 2800 CHICAGO IL 60661

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

HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

MV45761 Ocoee FL - KAO Warehouse

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN STATE ZIP CODE
635 Ocoee Business Parkway
OCOEE FL 34761

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

#### 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)

<u>Unique Entity ID (UEI)</u>: 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION II – WORRFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale									
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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Professionals	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers	10	2	4	10	2	0	1	0	0	4	0	0	0	0	33
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	11	3	8	11	2	0	1	0	0	4	0	0	0	0	40
PRIOR 2022 REPORTING YEAR TOTAL	5	1	1	4	0	0	0	0	0	2	0	0	0	0	13

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

#### OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME QP17084 North Hollywood CA HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 6517 Lankershim Blvd **NORTH HOLLYWOOD** CA 91606 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 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 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 Craft Workers 0 0 0 0 0 0 0 5 2 0 0 0 0 0 0 0 0 0 0 0 8 Operatives Laborers and Helpers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 Service Workers 0 0 0 0 0 0 0 0 0 0 **CURRENT 2023 REPORTING YEAR TOTAL** 5 2 0 0 0 0 0 0 0 0 0 0 0

0 SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/20

0

0

0

0

0

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

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												Expiration Date: 11/30/2026				
				TON A BLISHN				rT			•					
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID							EMPL	OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE	
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	81	
SECTION C - HI	EADQU	ARTE	RS OR									able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	Γ-LEVEL	NAME					
EB30886						Αu	irora Co	O - Self	Servic	e						
HEADQUARTERS OR ESTABLISHME	NT-LEV	T-LEVEL ADDRESS CITY/TOWN STATE ZIP COI												DE		
11602 E 33Rd	Avenue	)					Α	UROR	Α			CO		800′	10	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557																
952920557 SECTION E – EMPLOYER FILING ELIGIBILITY																
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): 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 (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)																
									ments 1	s redera	u Contra	actor)				
	4231			ON G - N ehicle P					salers							
				VORKF												
							Race/E		•							
	Hisp						Not	Hispan	ic or L	atino.						
	or La	atino			М	ale				1	Fer	nale				
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	1	0	0	0	0	0	2	
Professionals Technicians	0	0										0				
Technicians Sales Workers	2	3	2	0	0	0	0	0	0	0	0	0	0	0	8	
Administrative Support Workers	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2	
Craft Workers	3	0	3	0	0	0	0	0	1	0	0	0	0	0	7	
Operatives	3	0	1	1	0	0	0	0	0	0	0	0	0	0	5	
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

0

0

0

0

20

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

HQ/ESTABLISHMENT-LEVEL UNIT ID

QP17412

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Wilmer TX

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN
STATE
ZIP CODE

500 Lavender Rd

WILMER
TX
75172

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

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	2	0	4	2	0	0	0	0	2	0	0	0	0	0	10
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	2	0	0	0	0	0	0	2	0	0	0	0	0	4
Craft Workers	9	0	6	1	0	0	0	0	0	0	0	0	0	0	16
Operatives	4	0	3	8	0	0	0	2	0	0	0	0	0	0	17
Laborers and Helpers	11	0	4	5	0	0	0	1	0	0	0	0	0	0	21
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	26	2	17	16	0	0	0	3	4	0	0	0	0	0	68
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										
		TYPE OF REPORT NT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425 CHICAGO IL - CORPORATE OFFICE  ADDRESS CITY/TOWN STATE ZIP CODI											
ADDRES	STATE	ZIP CODE									
500 W MADISO	IL	60661									
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME											
MV45642	MV45642 San Jose CA - 1724										
HEADQUARTERS OR ESTABLIS	STATE	ZIP CODE									
5995 Hellyer Ave, Suite 10 SAN JOSE CA 95138											
		ENTIFICATION NUMBER (EIN) 261871	•								
_		ER FILING ELIGIBILITY									
X YES (Employer Is Elig	ible to File)  NO (Employer Is Not	Eligible to File)	R IN BUSINE	ESS							
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : Not Applicable									
☐ YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Feder	eral Contractor	·)							
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)											
	☐ YES (One or More	Non-Headquarters Establishments is Federal Cor	ntractor)								
·		ICS INFORMATION s (Used) Merchant Wholesalers	·								
		RCE DEMOGRAPHIC DATA									
	1	D/Edl-le-									

	Race/Ethnicity														
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	0	0	0	0	0	1	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 2023 REPORTING YEAR TOTAL	1	0	0	0	0	0	0	1	0	0	0	0	0	0	2
PRIOR 2022 REPORTING YEAR TOTAL	1	1	0	0	0	0	0	1	0	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

#### OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME QP16822 Appleton WI HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 3070 Spirit Court **APPLETON** WI SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or 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 n Service Workers

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	EO-1 COMPONENT 1)	OMB Control Number: 3046-0049 Expiration Date: 11/30/2026							
	SECTION A - T	TYPE OF REPORT							
	ESTABLISHME	NT-LEVEL REPORT							
	SECTION B - EMPLO	OYER IDENTIFICATION							
OFS COMPANY ID									
AC16425									
ADDRES	STATE	ZIP CODE							
500 W MADISO	IL	60661							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)						
HQ/ESTABLISHMENT-LEVEL UNIT ID	Œ								
QP16730		Dania Beach FL							
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE					
2363 Stirl	ing Road	DANIA BEACH	FL	33312					
		ENTIFICATION NUMBER (EIN)							
		2920557							
	SECTION E – EMPLOY	ER FILING ELIGIBILITY							
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File)	R IN BUSIN	ESS					
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable)  II): Not Applicable							
YES (Single-Establi	shment Employer is Federal Contractor	r) TYES (Multi-Establishment Employer is Feder	eral Contracto	or)					
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)									

## SECTION G - NAICS INFORMATION

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION II – WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale									
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	2	2	0	0	0	0	0	0	0	0	0	0	6
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 2023 REPORTING YEAR TOTAL	2	0	2	2	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												OMB Control Number: 3046-0049 Expiration Date: 11/30/2026				
						E OF RI		T			I					
		SECT				R IDEN										
OFS COMPANY ID								OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE	
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61	
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME					
EB31193							St. (	Cloud M	<b>IN</b>							
HEADQUARTERS OR ESTABLISHME																
2789 Clearwater	Rd Suit	e B					SAII	NT CLC	DUD			MN		5630	)1	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557																
		-			_	FILING										
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	Not Elig	ible to F	ile)	EMPL(	OYER	NO LO	NGER 1	IN BUS	INESS			
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)																
<u>Unique Entity ID (UEI)</u> : 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																
						Ised) M										
	SE	CTION	N H – V	VORKE	ORCE	DEMO									1	
	Hion	anic					Race/E	tnnicity Hispan	<u>,                                      </u>	otino						
	or La				М	ale	NOL	пізран	IC OF L	auno	Fer	nale				
	0. 1										1 0.	luic				
JOB CATEGORIES		Ф		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 Islander	American Indian or Alaska Native	Two or More Races	Row Total	
	Male	Female	White	ck or Afric American	Asian	iva Fic	l Na	ore	White	Black or an Amer	Asian	Iwa fic	S S	ore	Total	
	Ž	Fen	₹	k oı me	As	aci E	can ska	Š	₹	slac an /	As	Ha aci	car	Ž		
		_		lacl A		ive P. P.	eri Na:	0 0		rics		ive F P	Na:	0 0		
				B		Nat	Am	Ň		Αf		Nat	Am,	Ž		
								-						-		
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	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5	
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3	
Laborers and Helpers	0	0	3	0	0	0	0	1	0	0	0	0	0	0	4	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	0	0	12	0	0	0	0	1	1	0	0	0	0	0	14	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

 EB30520
 Easton MD - HT Maryland

 HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
 CITY/TOWN
 STATE
 ZIP CODE

 29368 Matthewstown Rd
 EASTON
 MD
 21601

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

#### 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)

<u>Unique Entity ID (UEI)</u>: 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	DI.	C1101	111 /	VOKKI	ORCE			thnicity							
								•	,						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	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	2	0	0	0	0	0	5
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	4	0	1	0	0	0	1	0	0	0	0	0	0	0	6
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	2	1	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	4	0	10	1	0	0	1	0	2	0	0	0	0	0	18
PRIOR 2022 REPORTING YEAR TOTAL	2	0	5	1	0	0	1	0	2	0	0	0	0	0	11

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REF	PORT (	EEO-1	1 COM	PONE	NT 1)					ontrol Nu ration Dat			
						E OF RI										
			ESTA	BLISH	/ENT-l	LEVEL I	REPOR	T								
		SECT	TION B	- EMP	LOYE	R IDEN										
OFS COMPANY ID								OYER N								
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE	
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61	
SECTION C - HI	EADOU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	TION (i	f applica	able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
EB30684						Salt	Lake C	ity UT	- Salva	ige						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	DRESS					TY/TOW				STATE		ZIP CC	DE	
3455 West Ninio								LAKE				UT		8410		
			- EMPI	LOYER	IDENT	TIFICA'	TION N	UMBE	R (EIN	)						
					952920											
<u>_</u>			F – FEDERAL CONTRACTOR DESIGNATION (if applicable)													
X YES (Employer Is Eligible	to File)	Unique Entity ID (UEI): Not Applicable														
SEC	CTION	ON F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
		Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm	ent Emp	oloyer is	Unique Entity ID (UEI): Not Applicable ver is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)													
□ ves (	leadana	rters is I														
LES (I	caaqaa							-					uctor)			
									ments 1	s Federa	ll Contra	actor)				
	4231	140 - M	lotor V	ehicle P	arts (U	INFOR	erchant	Whole	salers							
	SE	CTION	N H – V	VORKF	ORCE	DEMO									•	
							Race/E									
		anic atino				ale	Not	Hispan	ic or L	atino.	Far	nale				
	Of La	atino		1	IVI	ale				1	rei	naie				
				u.		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	or e	Two or More Races		
JOB CATEGORIES		4		Black or African American		iiar sla	nerican Indian Alaska Native	Ra		Black or African American		iiar sla	American Indian or Alaska Native	Ra	Row	
	Male	Female	White	ck or Afric American	Asian	wa ic I	Na Na	ore	White	Black or	Asian	wa ic I	₽ E	ore	Total	
	Ñ	e.	×	r or	Asi	H a	an ika	Ĕ	×	lac n A	Asi	E Ha	ika ka	Ĕ		
				ack		δg	eric	ō		E B		δg	eric	ō		
				B		lati	ΨĀ	Ň.		Afr.		lati	۹ ۾	Ň.		
						20	`	_				- 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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	0	0	0	0	0	0	0	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 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
CONKENT 2023 REPURTING TEAR TOTAL	U	U	1 1	U	U	U	U	U	U	U	U	U	U	U	1	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION

OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш

SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

FC93761 Roseville MI

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 16174 Common Rd **ROSEVILLE** MI 48066

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	1 H – V	VORKE	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicit	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	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	1	0	0	0	0	0	3
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	2	0	0	0	0	0	2	0	0	0	0	0	5
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	9	2	4	4	0	0	0	0	1	0	0	0	0	0	20
Laborers and Helpers	2	0	3	0	0	0	0	0	1	0	0	0	0	0	6
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	11	3	12	4	0	0	0	0	6	0	0	0	0	0	36
PRIOR 2022 REPORTING YEAR TOTAL	1	0	6	0	0	0	0	0	3	0	0	0	0	0	10
	•	SECTIO	ANIT _ '	WODE	FODCI	CNIAD	CHOTI	DEDIO	`						

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

GA49937 Fresno CA - KAO Logistics HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 2933 South Elm Ave, Suite 106 **FRESNO** CA 93706

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

#### 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): 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)

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

#### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

	SE	CTION	I H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	Bla	0	Other	Ame	Two	0	Afri	0	Native Other P	Ame All	Two	0
U	0								_						_
First/Mid-Level Officials and Managers Professionals	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	1	0	0	0		0	0	0	0	0		_	0	0	-
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	4		1	0	1	0	0	1	0	0	0	0	0	0	8
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 2023 REPORTING YEAR TOTAL	6	1	1	0	1	0	0	1	0	0	0	0	0	0	10
PRIOR 2022 REPORTING YEAR TOTAL	7	1	1	0	1	0	0	1	0	0	0	0	0	0	11

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2

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

HQ/ESTABLISHMENT-LEVEL UNIT ID

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMI LOTEKTI	I OKWI	AHO	N KEI	OKI (.	EEO-	COM	I ONE.	111)				Expi	ation Dat	e: 11/30/	2026
				TION A - BLISHN				:T			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID					_	·		OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ет ете	2000						HICAG				IL		6066	
														0000	)
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
DP29462							Br	yant AF	<b>ર</b>						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
3700 Bryant Cr	ossing [	Or					Е	RYAN	Т			AR		7202	22
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)					
	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
X YES (Employer Is Eligible	SECTION E – EMPLOYER FILING ELIGIBILITY  the to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
	ole to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
SE	Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
VEC (Single Establishe	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)														
	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
☐ YES (	Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	ment Employer is Federal Contractor)														
				N G – N											
	4231	140 - M	otor V	ehicle P	arts (U	lsed) Me	erchant	Whole	salers						
	SE	CCTION	V H – V	VORKF	ORCE										1
							Race/E								
		anic				-1-	Not	Hispan	ic or L	atino	F				
	or La	atino		1 1	IVI	ale					Fen	nale	1		
JOB CATEGORIES	Φ	ale	Đ.	Black or African American	⊑	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	ej.	Black or African American	u	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
	Male	Female	White	or / neri	Asian	lav cifi	an I ca N	Θ	White	Black or	Asian	lav cifi	an I ca N	Θ	
	-	Ψ.	>	A P	٩	/e F Pa	rica as k	ō	>	Big	٩	Pa Pa	rica	ō	
				Bla		ativ ner	me	Q		\fri		ati)	me A	Q	
						ΣÃ	٧	ŕ		`		ΖĒ	٧	ŕ	
Executive/Conjunt and Officials and NA	0					0	0	•		0			0	0	0
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	9	0	0	0	0	0	1	0	0	0	0	0	0 10
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	26	3	0	0	0	1	3	0	0	0	0	0	33
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers Operatives	0	0	7	3	0	0	0	0	0	0	0	0	0	0	0 11
Laborers and Helpers	0	0	10	4	0	0	0	1	1	0	0	0	0	0	16
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	52	10	0	0	0	2	7	0	0	0	0	0	71
DRIOR 2022 REPORTING VEAR TOTAL	3	2	12	12	0	0	0	1	7	0	0	0	0	0	67

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENII EO I EKII	10101		, 1121	<b>O111</b> (.	LLO .	1 00111	1 0112	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A . BLISHN				:T			•				
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADQU	ARTEI	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMEN	Γ-LEVEL	NAME				
JV43342								nna T							
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DDE
3965 S FN	1 493							DONNA	4			TX		7835	57
					52920	557				)					
X YES (Employer Is Eligible	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ument Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
SE	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
VEC (Cinala Establishe	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ument Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
<del>_</del> _ · · •	Unique Entity ID (UEI): Not Applicable														
☐ YES (	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	· ·														
	400	S	ECTIO	ON G - N	NAICS	INFOR	MATIO	N							
				ehicle P VORKF											
							Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
	1											_			
				an		Native Hawaiian or Other Pacific Islander	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	Row
JOB CATEGORIES		ø		Black or African American	_	aiia Isk	dia	Š.		or eric	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	Š.	Total
	Male	Female	White	ck or Afric American	Asian	lic a	E Ž	ore	White	Black or an Amer	Asian	lic M	ΞŽ	ore	1 Otal
	Ž	e.	₹	me T	As	aci H	car	Ž	₹	slac an /	As	aci aci	car	Ž	
		_		acl		ē Ģ	eric	ō		E ica		P K	eric	ō	
	ļ			՝		lat the	Am A	ĕ		Ą		Vat the	Am A	ĕ	
						- 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	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers	3	0	1	0	0	0	0	0	0	0	0	0	0	0	4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	. 17	0	2	0	0	0	0	0	0	0	0	0	0	0	19
PRIOR 2022 REPORTING YEAR TOTAL	10	0	2	1	0	0	0	0	0	0	0	0	0	0	13

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

#### OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EP13502 Montgomery AL HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 5112 Lower Wetumpka Road **MONTGOMERY** 36110 AL SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 0 0 2 0 0 0 0 Professionals 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Technicians 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 Craft Workers 0 0 0 0 0 0 0 0 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 0 n 0 Service Workers 0 0 0 0 0 0 0 0 0 0 **CURRENT 2023 REPORTING YEAR TOTAL** 0 0 3 0 0 0 0 0 0 0 0 0

0 SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/20

0

0

0

0

6

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`								Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHN											
		CECT													
OFS COMPANY ID		SECI	IONE	B – EMP	LUYE	K IDEN		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DF
500 W MADISON	ет ете	2000						HICAG				IL		6066	
														0000	)
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	RS OR							<b>ΓΙΟΝ</b> (1: Γ-LEVEL		able)			
GA49836					TIL: ID	-	IL - KA				TURINE				
HEADQUARTERS OR ESTABLISHM	MENIT I EX	/EI ADE	DECC			7 (10)		TY/TOV		ugo		STATE		ZIP CC	IDE .
11800 S Austin			KESS					ALSIP				IL		6080	
11000 3 Austin /			- EMPI	OYER	IDENT	rifica'				<u> </u>				0000	,,,
	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> Not Applicable														
<b>X YES</b> (Employer Is Eligib	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
	nment Employer is Federal Contractor)														
	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)														
YES (Single-Establish	Unique Entity ID (UEI): Not Applicable														
_ ` `	Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES	ment Employer is Federal Contractor)														
	(Headquarters is Federal Contractor) <b>YES</b> (Non-Headquarters Establishment is Federal Contractor)														
	422								ooloro						
				ehicle P VORKF											
	1	.01101	, ,	, 011111	OHOL		Race/E								
	Hisp	anic						Hispan	•	atino					
		atino			M	ale					Fer	nale			
						_						_			
				_		Native Hawaiian or Other Pacific Islande	P	Two or More Races		⊆		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Rac		Black or African American		Native Hawaiian or Ither Pacific Islande	American Indian Alaska Native	Rac	Row
JOB CATEGORIES	Φ	Female	ţ	ck or Afric American	Ë	vai c Is	Ind	ē	ę	Black or	Ę	Vai	Ind	<u>ē</u>	Total
	Male	Ĕ	White	or,	Asian	da,	an I	<b>№</b>	White	A ac	Asian	da,	an l	9	
	_	Ľ.	>	A K	⋖	e F	ica ask	l r	>	B E	< <	e F	ics ask		
				l ala		er Ĕ	ner Ala	Õ		įį		er ë	Ala	õ	
				ш		울동	ΑĽ	≥		<		울동	Ā	≥	
		<u> </u>				$\perp$						$\perp$			
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 Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	4	0	0	5	0	0	0	0	0	0	0	0	0	0	9
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 2023 REPORTING YEAR TOTAL	_ 4	0	0	6	0	0	0	0	0	0	0	0	0	0	10
DDIOD 2022 DEDODTING VEAD TOTAL	4	0	2	10	0	0	0	0	1	0	0	0	0	0	17

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

	SECTION B - EMPLO	YER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
AC16425 CHICAGO IL - CORPORATE OFFICE										
ADDRES	S	CITY/TOWN	STATE	ZIP CODE						
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661						
SECTION C -	HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if app	licable)							
IQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME										

HF18183 Wilmington NC-KAO Ops Topline

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE
5704 Oleander Dr, Suite 107 WILMINGTON NC 28403

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

95292055

### SECTION E – EMPLOYER FILING ELIGIBILITY

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

### ${\bf SECTION}\ {\bf F-FEDERAL}\ {\bf CONTRACTOR}\ {\bf DESIGNATION}\ ({\it if\ applicable})$

Unique Entity ID (UEI): Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHOP	111 – V	VUKKI	OKCE	DEMO									
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	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	2	0	0	0	0	0	0	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2022 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 2001 201 201	11 014.1		·	0111 (	LLO .	00111	1 0112	.,				Expir	ation Dat	e: 11/30/	2026
				TON A BLISHN				RT.							
		SECT	TION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	IAME						
AC16425					С	HICAG				OFFICE	<u> </u>				
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	Ю			IL		6066	61
SECTION C – I HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (if Γ-LEVEL	f applica	able)			
EW18566					HEADQ	UAKILI		ascus		I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISH	MENT-LEV	EL ADE	DRESS					TY/TOV				STATE		ZIP CC	DDE
19510 Se Sunr								MASC				OR		9708	
	SECTI	ON D -	- EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)	I				
				EMPL	OYER	FILING									
X YES (Employer Is Eligib											NGER I	IN BUS	NESS		
S	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  Shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  Western Contractor (In the stablishment of the stablishment is Federal Contractor)														
☐ YES (Single-Establish	hment Employer is Federal Contractor)														
☐ YES	G (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	(Headquarters is Federal Contractor)														
	423	S: 140 - M	ECTIC	ON G - I ehicle P	NAICS Parts (U	INFOR	MATIO erchant	N Whole	salers						
				VORKF		DEMO	GRAPI	IIC DA	TA						
		•-	1				Race/E								
		anic atino			М	ale	NOt	Hispan	IIC OF L	atino	Fer	nale			
						_									
				can		Native Hawaiian or Other Pacific Islander	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	Row
JOB CATEGORIES	<u>0</u>	ale	ite	Black or African American	an	waii ic Is	nerican Indian Alaska Native	re F	ite	Black or an Amer	an	waii ic Is	nerican Indian Alaska Native	re F	Total
	Male	Female	White	k or mer	Asian	Ha	can ska	r Mo	White	slac an A	Asian	Ha	can ska	ξ	
		_		lacl A		itive er P	neri Ala:	0 0/		Frica		tive er P	neri Ala:	ō	
				ш		of Pa	Ar			<		oth Oth	Ar	≥	
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	1	0	0	0	1	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers  Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	2	0	2	0	0	0	0	1	0	0	0	0	0	0	0 5
Operatives	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Laborers and Helpers	2	0	1	0	0	0	0	1	0	0	0	0	0	0	4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	_ 4	0	10	0	1	0	0	2	1	0	0	0	0	0	18
PRIOR 2022 REPORTING YEAR TOTA	_ 3	0	7	0	0	0	0	1	0	0	0	0	0	0	11

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENNI E 0 1 ENNI	\1 O14.1		·	0111 (	LLO I	100111	1 01 (12)	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHM				T							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CC	
500 W MADISON								HICAG				IL		6066	61
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	<u>iEADQU</u>	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (if Γ-LEVEL	f applica	ıble)			
EV54572					HEADQ	•	arlotte N				NAME				
HEADQUARTERS OR ESTABLISHM	MENT-I EX	/FI ADD	DRESS		1	Onc		TY/TOW				STATE		ZIP CC	DE
3900 Chespe			KLSS					ARLOT				NC		282	
			EMPI	LOYER						)					
		SECTIO	ON E -	EMPLO	52920 OYER		ELIGI	BILITY	Y						
X YES (Employer Is Eligib	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  Imment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
SE	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  Imment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
_	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establish	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES (	ment Employer is Federal Contractor)														
	Headquarters is Federal Contractor)    YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	422	S:	ECTIO	ON G - N ehicle P	NAICS	INFOR	MATIO	N Whole	coloro						
				VORKE											
							Race/E								
	Hisp						Not	Hispan	ic or L	atino.					
	or La	atino		1 1	М	ale	l 1			1	Fen	nale			
				can		Native Hawaiian or Other Pacific Islander	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	Row
JOB CATEGORIES	ø	a <u>e</u>	te	Black or African American	Ę	vaii c Isl	nerican Indian Alaska Native	Б В	ţ.	r or meri	u e	vaiia c Isl	nerican Indian Alaska Native	Б В	Total
	Male	Female	White	or ,	Asian	Hav	an l ka l	§	White	Black or	Asian	Hav	an l ka l	§	
		ш		ack		r Pa	eric	ō		B ica	,	ive r Pa	eric	ō	
				՝		Nat	Am A	ž		Afi		Nat Othe	Am A	Ě	
		_													
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	1	4	0	2	0	0	0	0	0	0	0	0	0	0	7
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	1	1	0	0	0	0	0	0	0	0	0	2
Operatives	5	0	1	4	3	0	0	0	0	0	0	0	0	0	13
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 2023 REPORTING YEAR TOTAL	_ 6	5	2	7	4	0	0	0	0	0	0	0	0	0	24
PRIOR 2022 REPORTING YEAR TOTAL	6	1	3	4	1	0	0	0	0	0	0	0	0	0	15

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-1	I COM	PONE	NT 1)					ontrol Nu ration Dat			
				TION A				:T								
		SECT	TION B	B – EMP	LOYE	R IDEN										
OFS COMPANY ID							EMPL	OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE	
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61	
SECTION C - H	EADQU	ARTE	RS OR									able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME					
DP29550							Au	rora CC	)							
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADI	DRESS				CI	TY/TOW	/N			STATE		ZIP CO	DE	
3225 N Hima	aya Rd						Α	UROR	Α			CO		8001	1	
	SECTI	ON D -	- EMPI	LOYER	IDENT	TIFICA'	TION N	UMBE	R (EIN	)			•			
	,	SECTION	ON E –	EMPL			ELIGI	BILITY	Y							
X YES (Employer Is Eligibl	e to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPL(	OYER	NO LO	NGER I	IN BUS	INESS			
SE	CTION	NF – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
		Unique Entity ID (UEI): Not Applicable  mployer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishr	nent Emp	oloyer is	Unique Entity ID (UEI): Not Applicable ver is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)													
□ VES (	Headana	rters is l	oyer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)													
	ent Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)  Headquarters is Federal Contractor)   YES (Non-Headquarters Establishment is Federal Contractor)															
									ments 1	s Federa	I Contra	actor)				
	423			ON G - Nehicle P					salers							
				VORKF												
							Race/E									
	Hisp	anic					Not	Hispan	ic or L	atino						
	or La	atino			М	ale					Fer	nale				
								"						"		
				Ę		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		
JOB CATEGORIES				Black or African American		iiar	nerican Indian Alaska Native	Ra		Black or African American		iiar	nerican Indian Alaska Native	Ra	Row	
	<u>e</u>	Female	White	ck or Afric American	Asian	wai	Inc Na	re	White	Black or	Asian	wai	Na P	re	Total	
	Male	e.	۸	o ne	Asi	Ha	ka	M	۸	lac n A	Asi	Ha	ka a	Mc		
		ш.	_	Ar		e e	eric las	o	_	B	_	P e	aric las	or		
				Bla		ati	me A	۷o		√fri		ati	₽ Z	٧o		
						z	⋖	É				ᄝ	⋖	ŕ		
Franchise (Control and Carried	1							•						•		
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	2	1	2	2	0	0	0	0	0	0	0	0	0	0	7	
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	11	3	10	2	0	0	0	1	1	0	0	0	0	0	28	
Administrative Support Workers	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	8	1	10	5	1	0	0	1	0	1	0	0	0	1	28	
Laborers and Helpers	5	2	2	2	1	0	0	3	1	1	0	0	1	0	18	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	26	9	24	11	2	0	0	5	2	2	0	0	1	1	83	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
			SECT	TON A	- TYP	E OF R	EPORT								
			ESTA	BLISHN	∕IENT-I	LEVEL	REPOR	RT							
		SECT	ION E	B – EMP	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	ITY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HE	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR ES	STABLIS	HMENT	Γ-LEVEL	NAME				
QP16587							Birmi	ingham	AL						
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADE	RESS				CI	ITY/TOW	/N			STATE		ZIP CC	DE
3521 3rd Ave	South						BIR	MINGH	IAM			AL		3522	22
	SECTI	ON D -	EMPI	LOYER	IDEN'	ΓΙΓΙCA	TION N	UMBE	R (EIN	)					
	02011	.0112			952920			.01.122	( <u></u> ,	,					
	,	SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUS	INESS		
SEC	CTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	TION (i	if applic	able)					
		Uni	ique En	tity ID (	UEI):	Not App	licable								
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (I	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
YES (H	leadana	rters is I	Sederal	Contrac	tor) $\square$	VES (N	on_Head	danarter	e Fetabl	ishment	is Feder	al Contr	actor)		
	icaaqaa				. —			-					uctor)		
				ne or Mo		•			ments 1	s Federa	u Contra	actor)			
	423			ON G - I ehicle P					salers						
				VORKE											
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			M	lale					Fer	nale			
						_						r			
				_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		⊆		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Sac		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Зас	Row
JOB CATEGORIES	ø	<u>e</u>	ம்	ck or Afric American	⊆	/aii	ndj Iat	e.	ம்	Black or	⊆	/aii	ndj Iat	ē	Total
	Male	Female	White	or / eri	Asian	je 4	ın l	₽	White	\Z ¥	Asian	ĕ	ın l	Q.	
	_	F.	>	k A	⋖	e F Pac	ica	<u> </u>	>	B	<	Pac	ica	ı.	
				ilac ,		er të	ner Ala	Õ		Ę		er E	ner Ala	O <sub>O</sub>	
				ш		BR	An	≥		¥		물물	An	≥	
						"									
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	3	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

0

0

12/10/2023 - 12/23/2023

0

0

0

0

0

0

0

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

52

2023 EMPLOYER INI	FORM	ATIO	N REI	PORT (	EEO-	I COM	PONE	NT 1)					ration Da		
				TION A BLISHN				RT							
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	0 IL - 0	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HE	EADQU	ARTE	RS OR	ESTAB	LISHN	AENT-I	EVEL	IDENT	IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
AC21122						Harri	sville O	H-Rt 2	50Auto	Part					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADI	DRESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
152 State Rou	ite 250						HAF	RRISVI	LLE			OH		4397	74
	SECTI	ON D -	- EMPI	LOYER	IDEN 1		TION N	UMBE	R (EIN	)	ı				
	5	SECTION	ON E -	- EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligible		-	-		_		_			NO LOI	NGER I	IN BUS	INESS		
				L CONT											
				tity ID (				11011 (	пиррпс	uoic)					
☐ YES (Single-Establishm	ent Emp	lover is	Federa	l Contra	ctor)	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	1 Contra	ctor)		
☐ YES (H	•	•													
L IES (F	ieadquai							_					ractor)		
				ne or Mo					ments i	s Federa	l Contra	actor)			
	4231			ON G - I ehicle F					salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	.atino					
	or La	atino			M	ale				1	Fer	nale	1	ı	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	12 0	0	0	0	0	0	0	0	0	0	0	0	12 0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	12	1	0	0	0	0	1	0	0	0	0	0	15
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers	0	0	13	0	0	0	0	2	0	0	0	0	0	0	15
Operatives	0	0	12	0	0	1	0	0	0	0	0	0	0	0	13
Laborers and Helpers	0	0	12	0	0	0	0	0	1	0	0	0	0	0	13
Service Workers	0	0	0	0	0	0	U	U	4	ı U	0	0	0	0	4

0 SECTION I – WORKFORCE SNAPSHOT PERIOD

0

61

12/10/2023 - 12/23/2023

0

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMPLOYER IN	FORM	AHO	N KEI	OKI (	EEO-	COM	PONE	N1 1)					ation Dat		
				TON A				<b>-</b>			1				
		~-~~	_	BLISHN			_								
OFS COMPANY ID		SECT	TON E	– EMP	LOYE	R IDEN		OYER N	AME						
AC16425					_	шеле				OFFICE	_				
					C	пісав				OFFICE	<u> </u>				
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
500 W MADISON S								HICAG				IL		6066	61
SECTION C – HI	EADQU	ARTE	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
MV45651						Pittsbo	oro NC-			attery					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADE	RESS					TY/TOW				STATE		ZIP CC	DDE
1245 Thomps	son St						PIT	TSBO	RO			NC		273	12
	SECTI	ON D -	EMPl	LOYER	IDENT 052920		TION N	UMBE	R (EIN	)					
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SEG	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA	ΓΙΟΝ (i	if applic	able)					
		Uni	ique En	tity ID (	UEI):	Not App	licable								
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federal	l Contra	ctor)		
	_	-													
YES (F	deadqua	rters is I	ederal	Contrac	tor)	YES (N	on-Head	iquarter	s Establ	ishment	is Feder	al Contr	actor)		
						•			ments i	s Federa	l Contra	actor)			
	4004			)N G - 1											
	423°	CCTION	OTOF V	ehicle P VORKF	ORCE	DEMO	GRAPE	TIC DA	Salers TA						
			, 111	. 011111	ORCE		Race/E								
	Hisp	anic						Hispan	•	atino					•
		atino			М	ale					Fen	nale			
				_		Native Hawaiian or Other Pacific Islander	ō	es		ے		or der	ō	es	
				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	Row
JOB CATEGORIES		<u>0</u>	a)	ck or Afric American	_	aji Isl	nerican Indian Alaska Native	es es	a)	or	_	a ISI	nerican Indian Alaska Native	es es	Total
	Male	Female	White	r A	Asian	aw	- Z	<u>0</u>	White	Black or an Amer	Asian	a w	- Z	<u>0</u>	
	Σ	Fe	>	k o me	Ą	a I	car	Σ	>	sla an	¥	a I	car	Σ	
		_		acl		<u> </u>	eri	ō		lçî E		<u> </u>	eri	ō	
				<u>B</u>		lat the	₽ 7	ĕ		Αŧ		the the	MM ✓	ĕ	
						20	`	_				- 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	0	0	4	1	2	1	0	0	2	0	0	0	0	0	10
Professionals	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	0	1 2	1	0	0	0	0	0	4	1	0	0	0	0	3 8
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	0	5	0	0	0	0	0	0	0	0	0	0	0	8
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 2023 REPORTING YEAR TOTAL	3	3	13	1	2	1	0	0	7	1	0	0	0	0	31
PRIOR 2022 REPORTING YEAR TOTAL	0	1	2	0	2	1	0	0	3	0	0	0	0	0	9

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

					LLO	1 COM	I ONE	(111)					ontrol Nu ation Dat		2026
			SECT	TON A	– TYPI	E OF RI	EPORT				<u> </u>				
			ESTA	BLISHN	ΛΕΝΤ-Ι	_EVEL I	REPOR	T							
		SECT	TION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	S1
SECTION C - HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMENT	T-LEVEL	NAME				
DY29681						H	ouston	TX - So	outh TX	(					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
19423 Aldine We	stfield F	Rd					Н	OUSTO	N			TX		7707	<b>7</b> 3
	SECTI	ON D -	- EMPI		IDENT 952920	TIFICA' 557	TION N	UMBE	R (EIN	)	•		•		
	5	SECTIO	ON E –	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	Not Eligi	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS		
SEC	CTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA'	ΓΙΟΝ (i	f applic	able)					
						Not App			**						
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)		
	r 1	!- 1		_		TIEG ()		_							
I IVEC (L				Contrac	tor)		on Haar	danartar	e Ectable	ichmant	ic Fada	ral Cantr			
YES (H	ieadquai							-					actor)		
Ŭ YES (F	ieadquai	□ Y	<b>ES</b> (Or	ne or Mo	ore Non	-Headqu	arters E	stablish					ractor)		
Ŭ YES (F		□ Y	ECTIO	ne or Mo	ore Non	-Headqu	arters E	stablish N	ments i				actor)		
Ŭ YES (F	4231	<b>S</b> 140 - M	ECTIC	ne or Mo ON G - N ehicle P	NAICS Parts (U	-Headqu	narters E	stablish N Whole	ments i				ractor)		
Ŭ YES (F	4231	<b>S</b> 140 - M	ECTIC	ne or Mo ON G - N ehicle P	NAICS Parts (U	-Headqu INFOR  sed) Mo DEMO	narters E	stablish N Whole	ments i				actor)		
Ŭ YES (F	4231 SE	Single Y	ECTIC	ne or Mo ON G - N ehicle P	NAICS Parts (U	-Headqu INFOR  sed) Mo DEMO	MATIO erchant GRAPH Race/E	stablish N Whole	ments i	s Federa	l Contra	actor)	actor)		
Ŭ YES (F	4231 SE	Single Y	ECTIC	ne or Mo ON G - N ehicle P	NAICS Parts (U	-Headqu INFOR  sed) Mo DEMO	MATIO erchant GRAPH Race/E	stablish N Whole HIC DA	ments i	s Federa	l Contra		actor)		
Ŭ YES (F	4231 SE	Single Y	ECTIC	one or Mo ON G - N ehicle P WORKF	NAICS Parts (U	-Headqu INFOR  Sed) Mo DEMO	MATIO erchant GRAPI Race/E	stablish N Whole HIC DA thnicity Hispan	ments i	s Federa	l Contra	nale		aces	
JOB CATEGORIES	4231 SE Hisp or La	S: 140 - M CCTION  canic atino	ECTIC lotor Vo NH – V	one or Mo ON G - N ehicle P WORKF	NAICS Parts (U	-Headqu INFOR  Sed) Mo DEMO	MATIO erchant GRAPI Race/E	stablish N Whole HIC DA thnicity Hispan	salers TA /	s Federa	l Contra	nale		Races	Row
	4231 SE Hisp or La	S: 140 - M CCTION  canic atino	ECTIC lotor Vo NH – V	one or Mo ON G - N ehicle P WORKF	NAICS Parts (U	-Headqu INFOR  Sed) Mo DEMO	MATIO erchant GRAPI Race/E	stablish N Whole HIC DA thnicity Hispan	salers TA /	s Federa	l Contra	nale		ore Races	Row Total
	4231 SE	S: 140 - M CCTION  canic atino	ECTIC	one or Mo ON G - N ehicle P WORKF	NAICS Parts (U	-Headqu INFOR  Sed) Mo DEMO	MATIO erchant GRAPI Race/E	stablish N Whole HIC DA thnicity Hispan	ments i	s Federa	l Contra	nale		r More Races	_
	4231 SE Hisp or La	Single Y	ECTIC lotor Vo NH – V	one or Mo DNG - Nehicle P	NAICS Parts (U	-Headqu INFOR  Sed) Mo DEMO	MATIO erchant GRAPI Race/E	stablish N Whole HIC DA thnicity Hispan	salers TA /	s Federa	l Contra	nale		oor More Races	_
	4231 SE Hisp or La	S: 140 - M CCTION  canic atino	ECTIC lotor Vo NH – V	ON G - Nehicle P	NAICS Parts (U	-Headqu INFOR  Sed) Mo DEMO	MATIO erchant GRAPH Race/E	stablish N Whole HIC DA	salers TA /	atino up:	l Contra	nale	American Indian or Alaska Native	Two or More Races	_
	4231 SE Hisp or La	S: 140 - M CCTION  canic atino	ECTIC lotor Vo NH – V	one or Mo DNG - Nehicle P	NAICS Parts (U	-Headqu INFOR  sed) Mo DEMO	MATIO erchant GRAPI Race/E	stablish N Whole HIC DA thnicity Hispan	salers TA /	s Federa	l Contra	actor)		Two or More Races	_
JOB CATEGORIES  Executive/Senior Level Officials and Managers	4231 SE Hisp or La	S S S S S S S S S S S S S S S S S S S	Mulite	Black or African Plack or African Plack or African Plack or African	NAICS Parts (UCORCE	Native Hawaiian or Native Hawaii	American Indian or American Indian or Alaska Native	Two or Words Races Wood Washington	salers TA  y ic or L	Black or African American	Fer ueis V	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	0	<b>Total</b>
JOB CATEGORIES  Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	Hisp or La	Sanic atino	ES (Or ECTIC lotor Vo NH – V	Black or African Black or African American  American	M upisk	Native Hawaiian or Native Hawaiian or Other Bacific Islander	American Indian or Alaska Native	Whole HIC DA'thnicity Hispan	salers TA  y ic or L  silva  y ic or L	Black or African American	Fer o o o	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	0	0 18
JOB CATEGORIES  Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals	Hispor La	S. 140 - MCCTION sanic atino	ES (Or ECTIC lotor VV NH – V	Black or African Black or African American  American  O  O	NAICS Parts (U ORCE  M	Native Hawaiian or Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Whole HIC DA's thnicity Hispan	salers TA  / ic or L  application  0 2 0	Black or Atrican American	Fer 0 0 0 0	Native Hawaiian or Other Pacific Islander	o o American Indian or Alaska Native	0 0 0	0 18
JOB CATEGORIES  Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians	4231 SE Hisp or La	Side - M CTION Panic Pa	ES (Or ECTIC lotor Vo N H – V	Black or African Black or African American O O O O O O O O O O O O O O O O O O O	NAICS Parts (UCORCE	Native Hawaiian or Native Hawaiian or Native Hawaiian or Other Bacitic Islander	American Indian or American Indian or American Indian or Alaska Native	Stablish N Whole HIC DA' thnicity Hispan  O O O O O	salers TA  V ic or L  O 2 0 0	atino  Black or  African American  0  2  0 0	Fer 0 0 0 0 0 0	Native Hawaiian or Other Pacific Islander	O O O American Indian or Alaska Native	0 0 0 0	0 18 0 0
JOB CATEGORIES  Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers	4231 SE Hisp or La	Station Statio	ES (Or ECTIC lotor Vo NH – V	Black or African Black or African American O O O O O O O O O O O O O O O O O O O	NAICS Parts (UORCE  M  upsign  0  0  0  0  0  0	-Headqu INFOR Sed) Mo DEMO  ale Other bacific Islander  0 0 0 0 0	American Indian or American Indian or American Indian or Alaska Native	Whole HIC DA't thnicity Hispan	salers TA  y ic or L  0 2 0 0 0	atino  Black or  African American  0 0 0 0 0	Fer usis W	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	0 0 0 0	0 18 0 12
JOB CATEGORIES  Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers	4231 SE Hisp or La	o anic atino	ES (Or ECTIC lotor Volume 1	Black or African  Black or African  American	NAICS Parts (UCORCE  M  ueisy  0 0 0 0 0 0	-Headqu INFOR Sed) Mo DEMO  ale  Other bacitic Islander  0 0 0 0 0 0	American Indian or American Indian or American Indian or Alaska Native	Whole HIC DA'thnicity Hispan	salers TA  y ic or L  put  0 2 0 0 0 0	Black or African American	Fer 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Native Hawaiian or	O O O O O American Indian or Alaska Native	0 0 0 0 0	0 18 0 0 12 0
JOB CATEGORIES  Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers	4231 SE Hisp or La	Sanic atino	ES (Or ECTION NH – V	Black or African Black or African Whenican Whenican  Whenican	NAICS Parts (U ORCE  M  ueisy  0 0 0 0 0 0 0	-Headqu INFOR   Sed) Mo DEMO  ale  Other bacilic Islander  0 0 0 0 0 0 0 0	American Indian or American Indian or American Indian or Alaska Native	Myhole HIC DA' thnicity Hispan  Mo oo W  O O O  O O O  O O O	salers TA  y ic or L  pull  0 2 0 0 0 0 0	Black or African American	Fer ueis V	Native Hawaiian or	O O O O O O American Indian or Alaska Native	0 0 0 0 0	0 18 0 0 112 0
JOB CATEGORIES  Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives	4231 SE Hisp or La Pew 0 9 0 0 8 0 11 28	Sanic atino	### Page 18	Black or African Black or African Whenican Whenican  Whenican  Whenican  Whenican  Whenican  Whenican  Whenican  Whenican  Whenican  Whenican  Whenican  Whenican  Whenican  Whenican  Whenican	NAICS Parts (U ORCE  M  uriss  0 0 0 0 0 0 0 0 0 0	Native Hawaiian or Native Hawaiian or Other Bacific Islander	American Indian or American Indian or American Indian or Alaska Native	whole HIC DA' thnicity Hispan	salers TA  y ic or L  pill  0 2 0 0 0 0 0 0 0	Black or African American American O	Fer O O O O O O O O O O O O O O O O O O O	Native Hawaiian or Other Pacific Islander	O O O O O O American Indian or Alaska Native	0 0 0 0 0 0	0 18 0 0 12 0 16 33
JOB CATEGORIES  Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers	4231 SE Hisp or La	Sanic atino	ES (Or ECTION NH – V	Black or African Black or African Whenican Whenican  Whenican	NAICS Parts (U ORCE  M  ueisy  0 0 0 0 0 0 0	-Headqu INFOR   Sed) Mo DEMO  ale  Other bacilic Islander  0 0 0 0 0 0 0 0	American Indian or American Indian or American Indian or Alaska Native	Myhole HIC DA' thnicity Hispan  Mo oo W  O O O  O O O  O O O	salers TA  y ic or L  pull  0 2 0 0 0 0 0	Black or African American	Fer ueis V	Native Hawaiian or	O O O O O O American Indian or Alaska Native	0 0 0 0 0	0 18 0 0 112 0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	ORT (	EEO-1	I COM	PONE	NT 1)					ontrol Nu ration Dat		
						E <b>OF RI</b> LEVEL I	-	rT			l				
		SECT	TION B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADOL	ADTE	DS OD	FCTAB	I ICHN	/ENT_I	EVEL	IDENT	IFICA'	FION G	fannlier	abla)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	NO OK							Γ-LEVEL		aoic)			
X245717							М	iami FL							
HEADQUARTERS OR ESTABLISHM	ENT LEX	/EL ADE	DECC					TY/TOW				STATE		ZIP CO	NDE
11701 Nw		EL ADI	KLSS					MEDLE'				FL		3317	
TITOTINW												FL		3317	0
	SECTI	ON D -	- EMPI		IDENT 952920	TIFICA' 557	TION N	UMBE	R (EIN	)					
			-		-	FILING									
X YES (Employer Is Eligib	e to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to Fi	ile) 🔲	EMPL(	OYER	NO LO	NGER I	IN BUS	INESS		
SI	CTION	F – FE	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
		Un	ique En	tity ID (	UEI):	Not App	licable								
☐ <b>YES</b> (Single-Establish	nent Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	1 Contra	ctor)		
☐ YES (	Llaadana	mtomo io 1	Fodomal	Contra	tom) [	VEC (N	lon Hoo	lanamtam	o Establ	iah maant	ia Eadar	ual Camer	matam)		
LI TES	неасциа				. —			•					ractor)		
		Y	ES (Or	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
						INFOR									
						lsed) Me									
	SE	CHO	N H – V	VOKKF	ORCE	DEMO									
	Llien	ania					Race/E	Hispan	<u>,                                      </u>	atin a					
		anic atino			М	ale	NOt	піѕрап	IC OF L	atino	Fer	nale			
	OI L				141	ale					1 61	liaic			
						- e	_	S				~ P	_	ဟ	
				an		Native Hawaiian or Other Pacific Islander	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	_
JOB CATEGORIES		ø.		Black or African American	_	ıiia Isla	nerican Indian Alaska Native	8		or eric	_	Native Hawaiian other Pacific Islan	nerican Indian Alaska Native	8	Row Total
	Male	Female	White	ck or Afric American	Asian	iwa	Na Na	ore	White	Black or an Amer	Asian	is li	i i	ore	TOLAI
	ž	l ie	⋛	r or	As	Ha	can	Š	⋛	lac In A	As	aci E	ska	Š	
				ack		ive r P	eric	ō		ica B		ē Ģ	eric	0	
				ä		lati he	M A	ΜO		Afr		ati Pe	ğ	Ň	
						<b>∠</b> 8	1	-				2 g	1	<b>-</b>	
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	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	12 0	2	0	0	0	0	0	0	0	0	0	0	0	0	15 2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	26	1	2	0	0	0	0	0	0	0	0	0	0	0	29
Laborers and Helpers	19	0	0	0	0	0	0	0	0	0	0	0	0	0	19
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	61	3	4	2	0	0	0	0	0	0	0	0	0	0	70

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

												Expir	atıon Dat	e: 11/30/	2026
				TON A - BLISHM				Т							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					C	HICAG	0			IL		6066	61
SECTION C - 1	IEADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE					NAME				
FM66074					-		Dallas P						1		
HEADQUARTERS OR ESTABLISH		EL ADE	DRESS					TY/TOW				STATE		ZIP CO	
38 Memori								DALLAS				PA		1861	2
					52920	557				)					
X YES (Employer Is Eligib				EMPLO Oyer Is N						NO LOI	NGER I	IN BUSI	NESS		
	ECTION	F – FEI	DERAI		RACT	OR DE	SIGNA								
YES (Single-Establish	ment Emr							ahlichm	ent Em	nlover is	Federa	l Contra	ctor)		
	-	•													
☐ YES	(Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
				ne or Mo					ments i	s Federa	1 Contra	actor)			
	423	S: 140 - M	ECTIC	NG-Nehicle P	NAICS	INFOR	MATIO	N Whole	calore						
				VORKF											
							Race/E	thnicity	у						
		anic					Not I	Hispan	ic or L	atino					
	or L	atino		l 1	M	ale					Fer	nale			
				Ę		n or nder	or e	ses		an		or nder	or e	ces	
JOB CATEGORIES		ø)		rica		iiar Isla	diar	Ra		r eric		_ ⊭ _ e	<u>≼</u>	Ra	Row
	Male	Jal	ig.	Şi Af	_							: <u>≌</u> ॼ	등품		
					<u>.a</u>	awa fic	Na Na	ore	)ite	k c	ian	awaiia fic Isl	ı Indi Nati	ore	Total
	2	Female	White	k or mer	Asian	Hawa acific	can Inc ska Na	r More	White	3lack c an Ame	Asian	Hawaii	can Indi ska Nati	r More	lotai
	_	Fen	M	lack or Afric American	Asia	tive Hawa er Pacific	nerican Ind Alaska Na	o or More	White	Black or rican Amer	Asian	tive Hawaiia er Pacific Isl	nerican Indi Alaska Nati	o or More	lotai
	2	Fen	W	Black or African American	Asia	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	lotai
Fuguritive (Coning Love) Officials and Managers							·						·		
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0 1	0	0	0	American Inc Alaska Na	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers			0				0						·		
	0 0	0	0 1	0	0	0	0	0	0	0	0 0	0 0	0	0	0 1
First/Mid-Level Officials and Managers Professionals	0 0	0 0 0	0 1 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 1 0
First/Mid-Level Officials and Managers Professionals Technicians	0 0 0	0 0 0	0 1 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 1 0
First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers	0 0 0 0 0	0 0 0 0 0	0 1 0 0 3 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 2 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 1 0 0 5
First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives	0 0 0 0 0	0 0 0 0 0	0 1 0 0 3 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 2 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 1 0 0 5 0 0
First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers	0 0 0 0 0 0 0	0 0 0 0 0 0	0 1 0 0 3 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 2 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 1 0 0 5 0 0
First/Mid-Level Officials and Managers Professionals Technicians Sales Workers 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 1 0 0 3 0 0 1	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 2 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 1 0 0 5 0 0 1
First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers	0 0 0 0 0 0 0	0 0 0 0 0 0	0 1 0 0 3 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 2 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 1 0 0 5 0 0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

				· (	LLU.	1 00.11	PONE.	111)				Expir	ation Dat	e: 11/30/	2026
			-	TION A BLISHN			-	:T			•				
		SECT	TON E	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	IAME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DF
500 W MADISON S	T OTE	2000						HICAG				IL		6066	
							_		-					0000	)
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (i	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME				
EB30446						Sa	tsume	LA - Gu	ulf Coa	st					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOV	VN			STATE		ZIP CO	DE
16925 Black Mu	ıdd Roa	ıd					LIV	INGST	ON			LA		7075	54
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	)					
		ECTI	) N E	EMPL	952920 OVED		FLICI	DII ITY	<b>1</b> 7						
W rma an a community															
X YES (Employer Is Eligible	to File)		(Empl	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPL	OYER.	NO LO	NGER I	N BUSI	NESS		
SE	CTION			L CONT				TION (	if applic	able)					
		<u>Uni</u>	ique En	tity ID (	<u>UEI)</u> :	Not App	licable								
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contrac	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (I	Jaadana	rtoro io I	Zadaral	Contrac	tor) [	VEC (N	on Hoo	lauartar	c Ectabl	ichmont	is Eadar	ol Contr	nator)		
1 LS (I	1eauquai				. —			•					actor)		
				ne or Mo					ments i	s Federa	l Contra	actor)			
				N G - 1											
				ehicle P											
	SE	CTION	1 H – V	VORKF	ORCE		CRAPE	HC DA	ΤΔ						
							Race/E	thnicit	у						
	Hisp						Race/E	thnicit		.atino					
	Hisp or La			I			Race/E	thnicit	у	atino	Fen	nale			
				u		lale	Race/E Not	thnicit Hispan	у		Fen		jo .	Ses	
IOR CATEGORIES				ican n		lale	Race/E Not	thnicit Hispan	у		Fen		ian or ive	Races	Row
JOB CATEGORIES	or La	atino	te	African can	M	lale	Race/E Not	thnicit Hispan	y nic or L				ndian or Vative	re Races	Row Total
JOB CATEGORIES	or La	atino	Vhite	or African Ierican	M	lale	Race/E Not	thnicit Hispan	y nic or L				an Indian or ca Native	More Races	-
JOB CATEGORIES			White	ck or African American		lale	Race/E Not	thnicit Hispan	у		Asian		rican Indian or aska Native	or More Races	_
JOB CATEGORIES	or La	atino	White	Slack or African American	M	lale	Race/E Not	thnicit Hispan	y nic or L				nerican Indian or Alaska Native	vo or More Races	_
JOB CATEGORIES	or La	atino	White	Black or African American	M		Race/E Not	thnicit	y nic or L	ican		Native Hawaiian or ab Other Pacific Islander	American Indian or Alaska Native	Two or More Races	-
	or La	onite Lemale			Asian	Native Hawaiian or e Other Pacific Islander	American Indian or Z 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Two or More Races	White and the state of the stat	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	·		Total
Executive/Senior Level Officials and Managers	or La	- Le male	0	0	o Asian M	Native Hawaiian or e Other Pacific Islander	American Indian or 2 or 2 or 3 or 3 or 3 or 3 or 3 or 3	Two or More Races	White or T	Black or African American	o Asian	Native Hawaiian or Other Pacific Islander	0	0	Total
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	Wale	Le male	0 4	0 0	Asian	Native Hawaiian or o	American Indian or Z 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Two or More Races	y siic or L	Black or African American	o o Asian	Other Pacific Islander	0	0	Total  0 6
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals	or La	- Le male	0	0	o Asian M	Native Hawaiian or e Other Pacific Islander	American Indian or 2 or 2 or 3 or 3 or 3 or 3 or 3 or 3	Two or More Races	White or T	Black or African American	o Asian	Native Hawaiian or Other Pacific Islander	0	0	Total
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	Male or La	Pemale 0	0 4 0	0 0 0	Asian	Other Pacific Islander	American Indian or Alaska Native	Two or More Races	y siic or L	Black or African American	o O Asian	Other Pacific Islander	0 0	0 0 0	0 6 0
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers	Wase	Pemale 0	0 4 0	0 0 0	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or Wore Races	whice or L  applies	Black or African American	O O O O O O O O O O O O O O O O O O O	Other Pacific Islander	0 0 0 0	0 0 0 0 0	0 6 0 4 1
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers	O La	Least on the contract of the c	0 4 0 0 2 0 4	0 0 0 0 0 0	Asian Asian	Other Pacific Islander	American Indian or Alaska Native App 3	Two or Wore Races	9 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Black or	0 0 0 0	Other Pacific Islander	0 0 0 0 0	0 0 0 0 0 0	0 6 0 4 1 6
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives	O	Onite  Lease  O  O  O  O  O  O  O  O  O  O  O  O  O	0 4 0 0 2 0 4	0 0 0 0 0 0 0	W O O O O O O O O O O O O O O O O O O O	Native Hawaiian or electric Islander	American Indian or Alaska Native	Two or More Races	9 iic or L  9 iic or L  0 2 0 0 2 1 0 3	Black or  African American	<b>Asian</b>	Other Pacific Islander	0 0 0 0 0 0 0	0 0 0 0 0 0	0 6 0 0 4 1 6
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	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Onite	0 4 0 0 2 0 4 10 3	0 0 0 0 0 0 1 2	W	Native Hawaiian or electric Islander	American Indian or OX OX OX OX OX OX OX OX OX OX OX OX OX	Two or More Races	9 iic or L  0 2 0 0 2 1 1 0 3 2	Black or	<b>Asian</b>	Onther Pacific Islander	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 6 0 0 4 1 6 15 6
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives	O	Onite  Lease  O  O  O  O  O  O  O  O  O  O  O  O  O	0 4 0 0 2 0 4	0 0 0 0 0 0 0	W O O O O O O O O O O O O O O O O O O O	Native Hawaiian or electric Islander	American Indian or Alaska Native	Two or More Races	9 iic or L  9 iic or L  0 2 0 0 2 1 0 3	Black or  African American	<b>Asian</b>	Other Pacific Islander	0 0 0 0 0 0 0	0 0 0 0 0 0	0 6 0 0 4 1 6

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	· OIL		. ,	(	LLU.		. 0.12	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A BLISHN				RT.			•				
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID						-		OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE	Ē				
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81
SECTION C - I	IEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
FC89341		IEV ADD	DEGG			5	tockton			,		OT A TEXT		7TD 00	DE.
HEADQUARTERS OR ESTABLISHN 2041 Navy		EL ADL	DRESS					TY/TOW				STATE		2IP CO	
2041 Navy		ON D -	EMPI	LOYER	IDENT	TIFICA'				)		CA		9320	, O
					364261	871			,						
X YES (Employer Is Eligib										NO LO	NGER I	IN BUS	INESS		
SI	ECTION	F – FEI Uni	DERAI	L CONT	TRACT UED:	OR DE	SIGNA'	TION (i	if applic	able)					
☐ YES (Single-Establish	nent Emp							tablishn	nent Em	ployer is	Federal	l Contra	ctor)		
□ YES	Headana	rters is I	Federal	Contrac	tor)	VES (N	on-Head	lanarter	s Establ	ishment	is Feder	al Contr	actor)		
125	Treadqua			ne or Mo				_					uctor)		
		S	ECTIO	N G - N	NAICS	INFOR	MATIO	N							
				ehicle P VORKF											
							Race/E		•						
		anic			N.A	lala	Not	Hispan	ic or L	atino	Fan	nala			
	or La	atino			IVI	ale					Fen	nale			
				_		or	ō	ses		E.		or	ō	ses	
JOB CATEGORIES		<b>a</b>		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 Islander	American Indian or Alaska Native	Two or More Races	Row
	Male	Female	White	ck or Afric American	Asian	awa fic I	l Inc	ore	White	Black or	Asian	awa fic I	l Inc	ore	Total
	Ë	Fen	₹	k or	As	Ha aci	can ska	ľ	⋛	3lac an A	As	Ha aci	can ska	ľ	
				lac		tive er P	neri Ala	0 0		Frica		tive er P	neri Ala	0 0	
				ш		S a	An	<u>^</u>		¥		S P	An	<u>^</u>	
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	3	0	3	1	4	0	0	0	0	0	0	0	0	0	11
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	2	0	0	1	2	0	0	0	0	0	0	0	0	0	5
Operatives	18	2	7	1	6	0	0	1	0	0	0	0	0	0	35
Laborers and Helpers	16	1	6	1	8	0	0	5	0	0	0	0	0	0	37
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	39	4	17	4	20	0	0	6	0	0	0	0	0	0	90
PRIOR 2022 REPORTING YEAR TOTAL	_ 29	2	14	5	22	0	0	7	0	0	0	0	0	0	79

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A - TYPE OF REPORT

	ESTABLISHN	MENT-LEVEL REPORT								
	SECTION B - EMP	LOYER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
AC16425		CHICAGO IL - CORPORATE OFFICE								
ADDRESS CITY/TOWN STATE ZIP COD										
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661						
SECTION C -	- HEADQUARTERS OR ESTAB	LISHMENT-LEVEL IDENTIFICATION (if	applicable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID		HEADQUARTERS OR ESTABLISHMENT-LEVEL	NAME							
EB30915		Blue Island IL - U Pull It So								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
2247 141	St Street	BLUE ISLAND	IL	60406						
		IDENTIFICATION NUMBER (EIN) 952920557								
	SECTION E - EMPLO	OYER 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

	SE	CTION	1 H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicity	У						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		ера			Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	1	1	2	0	0	0	0	0	0	0	0	0	0	5
Administrative Support Workers	1	0	0	0	0	0	0	0	3	0	0	0	0	0	4
Craft Workers	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	9	0	2	3	0	0	0	0	0	0	0	0	0	0	14
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	13	2	6	5	0	0	0	0	3	0	0	0	0	0	29
PRIOR 2022 REPORTING YEAR TOTAL	9	1	4	3	0	0	0	0	0	0	0	0	0	0	17

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

U.S. EQUAL EMPLO' 2023 EMPLOYER INI												OMB Co	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 304	16-0049
			-	ION A		-	-								
				BLISHN											
OFFI COMPANY ID		SECT	ION B	- EMP	LOYE	R IDEN			(A.) (E)						
OFS COMPANY ID					C	LUCACI		OYER N		OFFICE					
AC16425						HICAG				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	
500 W MADISON S								HICAG				IL		6066	§1
SECTION C – HE HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR							ΓΙΟΝ (if Γ-LEVEL		able)			
HF15081					HEADQ	UAKIEI		koff M		-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
125 South Gold	Street	t					٧	/YKOF	F			MN		5599	90
	SECTI	ON D -	EMPI	OYER	IDENT 952920		TION N	UMBE	R (EIN	)					
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emplo	oyer Is N	lot Eligi	ble to F	ile)	EMPL	OYER	NO LON	IGER I	IN BUS	INESS		
				CONT											
				tity ID (				`	11	,					
☐ YES (Single-Establishme	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
YES (H	leadqua:	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lguarter	s Establ	ishment	is Feder	al Contr	actor)		
_ `	1				. —			•		s Federa			,		
	4231			N G - N ehicle P					salers						
				VORKF											
							Race/E	thnicity	у						
	Hisp						Not	Hispan	ic or L	atino					
	or La	atino			IVI	ale					Fen	nale			
JOB CATEGORIES	_	<u>o</u>	ø.	frican an	_	aiian or Islander	ıdian or ative	e Races		or ierican	_	aiian or Islander	idian or ative	e Races	Row Total
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	i otai
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	5	0	0	0	0	0	1	0	0	0	0	0	6

SECTION I - WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 2011 20 1211	1 014.7		, 1121	0111 (	LLO .	1 001/1	I OI (E	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TON A · BLISHN				?T							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C – H	EADQU	JARTEI	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	ıble)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
QP17115								dral Cit	•						
HEADQUARTERS OR ESTABLISHM		EL ADE	RESS					TY/TOW				STATE		ZIP CO	DE
36-055 Catho	edral Dr						CATH	EDRAL	CITY			CA		9223	34
					52920	557				)					
X YES (Employer Is Eligibl				EMPLO oyer Is N						NO LON	NGER I	N BUSI	INESS		
	CTION														
	011011	Uni	que En	tity ID (	UEI):	Not App	licable	11011(1	пиррис	uoie)					
☐ YES (Single-Establishr	nent Emr							tablishm	ent Em	nlover is	Federal	Contra	ctor)		
<del>_</del> _ · · ·	-	•													
YES (	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
									ments i	s Federa	l Contra	ctor)			
	422	140 M	ECTIO	NG-Nehicle P	NAICS	INFOR	MATIO	N Whole	calore						
				VORKF											
							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
						7.5		"				- er		"	
				an		Native Hawaiian or Other Pacific Islander	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	Davis
JOB CATEGORIES		a)		Black or African American	_	ija Isla	dia	8		or eric	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	ĸ	Row Total
	Male	Female	White	ck or Afric American	Asian	Na Ic	ln Na	ore	White	Black or an Amer	Asian	ic ≪	S E	ore.	Total
	ı≌	ė.	×	Je l	Asi	H Ha	an	Ĕ	<b>×</b>	lac n A	Asi	Ha Scir	ika	Š	
		ш.		₹ ₹		δĢ	eric las	ō		B Ga		δĢ	eric las	ō	
				ä		ati her	A	ΜO		Afr		ati her	¥ [i	8	
						z g	٨	_		,		z g	٩	Ε-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers Operatives	0 5	1	0	0	0	0	0	0	0	0	0	0	0	0	6
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 2023 REPORTING YEAR TOTAL	5	1	0	0	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100)

~	LOYMENT OPPORTUNITY C INFORMATION REPORT (EF	· · · · · · · · · · · · · · · · · · ·	OMB Contr	vised 08/2023 ol Number: 3046-0049 on Date: 11/30/2026							
	SECTION A - T	YPE OF REPORT									
	ESTABLISHME	NT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425		CHICAGO IL - CORPORATE OFFICE									
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
500 W MADISON ST STE 2800 CHICAGO IL 60661  SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME											
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E								
EB30042		Parryville PA-ThruwayAutoPart									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
201 State F	Rd (Pa-248)	PARRYVILLE	PA	18244							
		ENTIFICATION NUMBER (EIN) 2920557									
	SECTION E – EMPLOY	ER FILING ELIGIBILITY									
X YES (Employer Is Elig	tible to File) <b>NO</b> (Employer Is Not	Eligible to File)	R IN BUSINI	ESS							
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : Not Applicable									
☐ YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Feder	eral Contractor	r)							
☐ YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fed	deral Contract	or)							
	☐ YES (One or More	Non-Headquarters Establishments is Federal Cor	tractor)								

#### SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

SECTION H - WORKFORCE DEMOGRAPHIC DATA

#### Race/Ethnicity Not Hispanic or Latino Hispanic Male or Latino Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Two or More Races Two or More Races American Indian or Alaska Native American Indian or Alaska Native Black or African American Black or African American Row **JOB CATEGORIES** Female White Total Asian White Asian Male 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 2023 REPORTING YEAR TOTAL** PRIOR 2022 REPORTING YEAR TOTAL

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-1	I COM	PONE	NT 1)					ontrol Nu ation Dat		
				TON A BLISHN				RT							
		SECT	TON E	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	0 IL - 0	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HI	EADOU	ARTE	RS OR	ESTAB	LISHN	1ENT-I	LEVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		•			
EB30208							Litc	hfield N	lΗ						
HEADOUARTERS OR ESTABLISHME	NT-I FV	/FL ADΓ	RESS					TY/TOV				STATE		ZIP CC	DF
476 Charles Ban			ICLOS					CHFIE				NH		0305	
			ELEDI	OVED	IDEN	CITY CIA				`				0000	
	SECTI	ON D -	·EMPI	LOYER	1DEN 1 052920		TION N	UMBE	K (EIN	)					
		SECTIO	ON E -	EMPL			ELIGI	BILIT	Y						
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LOI	NGER I	IN BUSI	NESS		
				L CONT											
~		Uni	ique En	tity ID (	UEI):	Not App	olicable	(		,					
☐ YES (Single-Establishm	ent Emr							tablishn	nent Em	plover is	Federa	1 Contra	ctor)		
☐ YES (H	_	-													
L YES (F	ieadqua							•					actor)		
				ne or Mo					ments i	s Federa	1 Contra	actor)			
	422			ON G - N ehicle P					coloro						
	423 SF	CTION	V H – V	VORKE	ORCE	DEMO	GRAPI	HIC DA	TA						
	51		111 1	· OILIII	ORCL		Race/E								
	Hisn	anic						Hispan		atino					
	or La				М	ale	1101	mopur		attiio	Fer	nale			
	0. 2.											liaio			
						ze z	ե	S		_		ze zer	'n	S	
				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	Row
JOB CATEGORIES		ø	•	ck or Afric American	_	i≝ 15	nerican Indian Alaska Native	2		or eri	_	ië ls	nerican Indian Alaska Native	2	Total
	Male	Female	White	ric	Asian	Ęi š	ΞŽ	ore	White	Black or an Amer	Asian	Ei 🖁	ΞŽ	ore	- Total
	Ë	e.	⋛	ne T	As	Sci 표	ika ka	Š	⋛	lac n	As	Sci 표	ika	Ž	
				A Sc		ė ė	las a	ō		B S		e e	eric las	o	
				Bis		ati he	۲≝۲	8		\f		ati Pel	۲≝۹	٧o	
						Z 2	⋖	ŕ		_ `		Z	⋖	É	
Eventive/Copies Lovel Officials and Man	0											_	0	0	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	4	0	8	2	0	0	1	0	0	0	0	0	0	1	16

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

			Lapitan	on Date: 11/30/2020								
	SECTION A - T	YPE OF REPORT										
	ESTABLISHMEI	NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425 CHICAGO IL - CORPORATE OFFICE												
ADDRESS CITY/TOWN STATE ZIP CODE												
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E									
QP16752		Hicksville NY - APO Long Island										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
600 W John S	St, Suite 140C	HICKSVILLE	NY	11801								

### SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

952920557

#### 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): Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5E	CHOP	(H – V	VORKE	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Da		
				TION A BLISHN							<b>'</b>				
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE (	OFFICE					
ADDRESS								TY/TOV				STATE		ZIP CC	
500 W MADISON S								HICAG				IL		606	51
SECTION C - HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
QP16686							Lak	celand F	FL						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADE	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DDE
1025 E Olean	der St						LA	KELAN	ND			FL		3380	01
	SECTI	ON D -	EMPI	LOYER	IDEN 052920		TION N	UMBE	R (EIN	)	•		•		
		SECTIO	ON E -	EMPL			ELIGI	BILIT	Y						
X YES (Employer Is Eligible										NO LO	IGER I	IN BUSI	NESS		
SEC	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA'	TION (	if applic	able)					
		Uni	ique En	tity ID (	UEI):	Not App	olicable	`	• • •						
☐ <b>YES</b> (Single-Establishm	ent Emp	lover is	Federa	l Contra	ctor)	YES (1	Multi-Es	tablishn	nent Em	plover is	Federa	1 Contra	ctor)		
YES (F	-	•													
L YES (F	ieadqua							_					actor)		
									ments i	s Federa	l Contra	actor)			
	4231			ON G - I ehicle P					salers						
				VORKF											
							Race/E	thnicit	v						
	Hisp	anic						Hispan	•	atino					1
		atino			M	ale					Fer	nale			
JOB CATEGORIES		_		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 Islander	American Indian or Alaska Native	Two or More Races	Row
	<u>e</u>	Female	White	ck or Afric American	Asian	wai	Na P	ore	White	Black or an Amer	Asian	wai	Ind Na	re	Total
	Male	e u	۸	or	Asi	Ha	an Ka	ĕ	₹	lac n A	Asi	Ha	an Ka	ĕ	
		ш.	_	An	•	P e	aric las	ō	_	B	•	e e	aric las	ō	
				Bla		ati	₹ ₹	8		Λfri		ati	E A	Ş	
						zö	⋖	ı É		,		zδ	⋖	É	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	1	0	0	0	0	0	1	0	0	0	0	1	4

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

n

OMB Control Number: 3046-0049

#### 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME QP16345 **Boston MA** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 199 Norfolk Ave **BOSTON** MA SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or 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

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2

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

Service Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425

CHICAGO IL - CORPORATE OFFICE

ADDRESS

CITY/TOWN
STATE
ZIP CODE

500 W MADISON ST STE 2800

CHICAGO
IL
60661

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)
HQ/ESTABLISHMENT-LEVEL UNIT ID
HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

ET08487 Ontario CA - Pick A Part

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN
STATE
ZIP CODE
ONTARIO
CA 91761

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

953072886

### 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): Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5E	CHON	H – V	VORKE	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	2	1	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	5	0	0	0	0	0	0	1	1	0	0	0	0	0	7
Administrative Support Workers	3	2	0	0	0	0	0	0	0	0	0	0	0	0	5
Craft Workers	1	0	0	1	0	0	0	0	0	0	0	0	0	0	2
Operatives	20	0	0	0	0	0	0	0	0	0	0	0	0	0	20
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 2023 REPORTING YEAR TOTAL	29	5	1	1	0	0	0	1	1	0	0	0	0	0	38
PRIOR 2022 REPORTING YEAR TOTAL	16	3	1	0	0	0	0	0	1	0	0	0	0	0	21

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

U.S. EQUAL EMPLO' 2023 EMPLOYER INI												OMB Co	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30-	46-0049
				-		E OF RI					·				
						LEVEL I									
		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID					_			OYER N		055105					
AC16425					C	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C – HE	CADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID  EB31225					HEADQ		dley MI			-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME	NT LEV	/EL ADE	DECC			1 11		TY/TOW		"11		STATE		ZIP CC	DE
60 51st Way		EL ADL	KESS					RIDLE				MN		554 <sup>2</sup>	
<u> </u>		OND	EMDI	OVED	IDENI	TELCA				`					
	SECII	ON D -	·ENIPI		1DEN 1 952920	TIFICA' <mark>557</mark>	IION N	UMBE	K (EIIV	)					
	5	SECTIO	ON E –	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	gible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
SEC	CTION					OR DE		ΓΙΟΝ (i	if applic	able)					
			_			Not App									
☐ YES (Single-Establishme	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (H	[eadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (Or	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
	FF444					INFOR			- 0":	_					
						nd Regi				S					
	52		, ,	, 011111	OHOL		Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
						- a	_	w				- <u>-</u>	_	w	
				an		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	Row
JOB CATEGORIES		<u>e</u>	ø.	fric	·	aiia Isk	ndia ativ	e E	ø.	or	_	aiia	ndia ativ	e R	Total
	Male	Female	White	or A eric	Asian	aw	n Ir a N	Jor.	White	Black or an Amer	Asian	aw	a F	Nor	
	~	Fe	>	Black or African American	٧	e H Pac	nerican Indian Alaska Native	٥٠	>	Bla	⋖	e H Pac	nerican Indian Alaska Native	or N	
				Bla		ativ	me	Š		∆fric		ativ	AE AE	٥	
						2 g	⋖	ŕ		`		2 g	⋖	ŕ	
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

SECTION I - WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

U.S. EQUAL EMPLO' 2023 EMPLOYER IN												OMB Co	andard F Revised ontrol Nu ation Dat	08/2023 mber: 30-	46-0049
			-	TION A BLISHN		-									
		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S								HICAG				IL		6066	61
SECTION C - HE	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
FM66508							Ten	necula (	CA						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				C	TY/TOV	VN			STATE		ZIP CC	DDE
42000 Zevo Drive	ive, Unit 102 TEMECULA CA 92590  SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)													90	
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
X YES (Employer Is Eligible	to File)	□NO	(Emple	oyer Is N	Not Elig	ible to F	File)	EMPL	OYER	NO LO	IGER I	IN BUSI	NESS		
SEC	CTION			L CONT				TION (	if applic	able)					
YES (Single-Establishm	ent Emp		_	-				tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (H	leadqua	rters is I	Federal	Contrac	tor)	YES (N	Non-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (Or	ne or Mo	ore Non	-Headq	uarters E	Establish	ments i	s Federa	l Contra	actor)			
	422			ON G - N ehicle P					coloro						
				VORKE											
			122 1	. 011111	OHOL	2220	Race/E								
	Hisp	anic						Hispar		atino					
		atino			M	ale					Fen	nale			
JOB CATEGORIES	a)	<u>ə</u>	ø	ıfrican san	u	ive Hawaiian or r Pacific Islander	ndian or lative	or More Races	o o	or nerican	c	ive Hawaiian or r Pacific Islander	ndian or ative	or More Races	Row Total
	Male	Female	White	ack or African American	Asian	ive Hawaiian r Pacific Islan	erican Indian Naska Native	or More	White	Black or rican American	Asian	ive Hawaiian r Pacific Islan	erican Indian or Alaska Native	or More	

	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Laborers and Helpers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLO 2023 EMPLOYER IN			N REP	ORT (	EEO-1	COM	PONE	NT 1)				OMB Co	Revised ontrol Nur ation Dat	08/2023 nber: 304	16-0049
				-		E OF RI LEVEL	_								
		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	0 IL - C	ORPO	RATE	OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CO	DE
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HI	EADQU	ARTEI	RS OR	ESTAE	LISHN	1ENT-I	EVEL	IDENT	IFICA	ΓΙΟΝ (i	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	-LEVEL	NAME				
JT56661						Wilmi	ngton C	CA - PY	P -Truc	king					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				C	TY/TOV	VN			STATE		ZIP CO	DE
1903 Blinn	Slinn Ave WILMINGTON CA 90744												4		
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551														
	5	SECTIO	ON E -			FILING	ELIG	BILIT	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emplo	yer Is N	Not Eligi	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUSI	NESS		
	CTION														
		Uni	que Ent	tity ID (	UEI):	Not App	olicable	`							
☐ YES (Single-Establishm	ent Emp	loyer is	Federal	Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federal	Contra	ctor)		
YES (I	Headquai	rters is F	Federal	Contrac	tor)	YES (N	Ion-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		$\square$ Y	ES (On	e or Mo	ore Non	-Headqı	arters E	Establish	ments i	s Federa	l Contra	ctor)			
						INFOR									
						sed) M									
	SE	CTION	H – W	ORKE	ORCE	DEMO									
							Race/E			- 43					
	Hisp or La				М	ale	NOt	Hispan	IIC OF L	atino	Fen	nale			
JOB CATEGORIES	e	ale	te	<b>∆frican</b> can	<u>u</u>	vaiian or c Islander	ndian or Vative	re Races	ē.	or nerican	u	vaiian or c Islander	ndian or Vative	re Races	Row Total

							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	6	1	0	0	0	0	0	0	0	0	0	0	0	0	7
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 2023 REPORTING YEAR TOTAL	6	1	0	0	0	0	0	0	0	0	0	0	0	0	7
PRIOR 2022 REPORTING YEAR TOTAL	6	1	0	0	0	0	0	0	0	0	0	0	0	0	7

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425 CHICAGO IL - CORPORATE OFFICE

ADDRESS CITY/TOWN STATE ZIP CODE

500 W MADISON ST STE 2800 CHICAGO IL 60661

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)
HQ/ESTABLISHMENT-LEVEL UNIT ID
HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

BQ80470 Austell GA - KAO Whise ATL

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE
600 Hartman Industrial Ct. AUSTELL GA 30168

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

#### 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): 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)

EMPLOYER NAME

#### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHO	111 - V	VUKKF	OKCE										
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	2	1	3	6	0	0	0	0	0	0	0	0	0	0	12
Professionals	0	0	1	1	0	0	0	0	2	2	0	0	0	0	6
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Administrative Support Workers	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	6	31	1	0	0	0	1	0	0	0	0	0	40
Laborers and Helpers	7	4	7	36	0	0	0	1	1	12	0	0	0	0	68
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	10	5	21	74	1	0	0	1	8	14	0	0	0	0	134
PRIOR 2022 REPORTING YEAR TOTAL	0	0	13	36	2	0	0	0	5	5	0	0	0	0	61

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												OMB Control Number: 3046-0049 Expiration Date: 11/30/2026				
SECTION A - TYPE OF REPORT																
ESTABLISHMENT-LEVEL REPORT																
		CECT														
SECTION B – EMPLOYER IDENTIFICATION  OFS COMPANY ID  EMPLOYER NAME																
AC16425					C	HICAG	O IL - C	URPU	RATE	OFFICE						
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DE	
500 W MADISON S		CHICAGO							IL 6066							
		ISHMENT-LEVEL IDENTIFICATION (if app														
	EADQU	ARTE	RS OR									able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD	QUARTE				Γ-LEVEL	NAME					
EB31730							Se	attle W	Ά							
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADD	RESS				C	ITY/TOV	VN			STATE	ZIP CC	DE		
4123 142Nd Ave E			TUDDO					SUMNE				WA		9839		
4123 142Nu Ave L	Suiten	F100						OIVIIVE	K			VVA		903	<b>7</b> 0	
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)																
952920557 SECTION E – EMPLOYER FILING ELIGIBILITY																
_																
X YES (Employer Is Eligible	to File)	☐ NO	(Emple	oyer Is N	lot Elig	ible to F	ïle) 🔲	EMPL	OYER	NO LO	NGER I	IN BUS	INESS			
SEC	TION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA	TION (	if applic	able)						
52.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			tity ID (					паррис							
□ <b>57E</b> G (G' 1 E ( 11' 1			_								г.	1.0				
☐ 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)																
_ · · · <u>_</u>																
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)																
				)N G - 1												
				ehicle P												
	SE	CTION	$\mathbf{H} - \mathbf{V}$	VORKF	ORCE										1	
							Race/E		-							
	Hisp	anic				Not Hispanic or Latino										
	or La	atino			M	Male				Female						
						~ <u>a</u>	-	Ø		l _		~ <u>a</u>	<u> </u>	S		
				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 Islander	American Indian or Alaska Native	Two or More Races	_	
JOB CATEGORIES		-		ي ا		iiai	nerican Indian Alaska Native	Ra		ı. ii		iai	nerican Indian Alaska Native	Ra	Row	
002 0711 200 Kill 20	Ð	Female	White	ck or Afric American	Asian	c ls	a p	9	White	Black or	Asian	c kai	nd Aai	ē	Total	
	Male	Ĕ	μį	or /	Sis	ĕij	a I	Q.	<u> </u>	\ <del>\</del> 2 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Si	ĕ	a l	Q		
	_	Fe	>	λĒ	⋖	E SE	sk	_	>	339	⋖	E S	sk			
				ac		. <u>≅</u>	la la	0		نِ ت		. <u>≅</u> .⊑	eri	0		
				B		at	ا ق	Š		₹		at	ا ق	×		
						Ζŏ	٩	<b>—</b>		'		Zδ	⋖	<b>—</b>		
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	2	0	2	1	0	0	0	1	3	0	1	0	0	0	10	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Technicians Sales Workers	0	0	3	1	1	0	0	0	2	0	0	0	0	0	7	
Administrative Support Workers	0	0	0	0	0	0	0	0	3	0	0	0	0	1	4	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	4	0	17	5	1	0	1	6	1	0	0	0	0	0	35	
Laborers and Helpers	3	2	18	3	0	0	0	0	2	0	0	0	0	1	29	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Service Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB30235 Boise ID HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 3226 Garrity Blvd **NAMPA** ID 83687 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity																
	Hien	anic	Not Hispanic or Latino													
	or Latino		Male Female													
	01 20	11110	indic							i cillale						
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
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	2	0	0	0	0	0	0	0	0	0	0	0	2	
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5	
PRIOR 2022 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/202

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

												Expiration Date: 11/30/2026				
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT																
SECTION B – EMPLOYER IDENTIFICATION																
OFS COMPANY ID EMPLOYER NAME																
AC16425																
ADDRESS		CITY/TOWN										STATE		ZIP CODE		
500 W MADISON		CHICAGO								81						
SECTION C - F	EADQU	ARTEI	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	ıble)	'			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME					
EB30455						Fayet	teville A			nsas						
HEADQUARTERS OR ESTABLISHM		EL ADD	RESS					TY/TOW				STATE		ZIP CO		
185 E Mabr	•							ETTEV				AR 7270			)1	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557																
SECTION E – EMPLOYER FILING ELIGIBILITY  X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS																
	CTION															
	.01101	Uni	ique En	tity ID (	UEI):	Not App	licable	22011 (	пррпс	4010)						
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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers																
SECTION H – WORKFORCE DEMOGRAPHIC DATA																
							Race/E	thnicity	у							
	Hisp	anic					Not	Hispan	ic or L	atino						
	or La	or Latino			M	ale					Fen	nale				
				an		Native Hawaiian or Other Pacific Islander	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	_	
JOB CATEGORIES		ø.		ric	_	ija Isla	dia	Ra		or eric	_	iiia Isla	dia	8	Row Total	
	Male	Female	White	Black or African American	Asian	Fic.	Na Na	ore	White	Black or an Amer	Asian	iwa fic	nerican Indian Alaska Native	ore	TOLAI	
	ž	-e-	⋛	me co	As	aci Ha	can	Š	₹	lac In A	As	Haaci	can	Š		
		_		acl		P K	erie	0		E Si		ive r	erie	ō		
				<u> </u>		Vati	Am	Š		Afr		Native Hawaiian Other Pacific Islan	Am A	Ž		
						- 6		•				- 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	0	0	3	0	0	0	0	1	0	0	0	0	0	0	4	
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	1	0	0	0	0	0	0	1	0	0	0	0	0	0	2	
Operatives	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6	
Laborers and Helpers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTAL	. 1	1	15	0	0	0	0	2	1	0	0	0	0	1	21	
PRIOR 2022 REPORTING YEAR TOTAL	2	1	8	0	0	0	0	2	2	0	0	0	0	1	16	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

	SECTION B - EMPLO	YER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
EB31234		El Paso TX		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
1273 Joe Ba	ttle Blvd #A1	EL PASO	TX	79936

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

95292055

### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	) JE	CHON	v п – v	VUKKI	OKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	13	4	0	0	0	0	0	1	0	0	0	0	0	0	18
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	1	0	1	0	0	0	0	0	0	0	0	0	0	4
Laborers and Helpers	15	0	1	0	0	0	0	0	0	0	0	0	0	0	16
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	31	6	1	1	0	0	0	1	0	0	0	0	0	0	40
PRIOR 2022 REPORTING YEAR TOTAL	29	1	0	1	0	0	0	1	0	0	0	0	0	0	32

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

U.S. EQUAL EMPLO 2023 EMPLOYER IN													andard F Revised ontrol Nu ation Da	08/2023 mber: 30-	46-0049
				TION A BLISHI											
		SECT		B – EMI											
OFS COMPANY ID		SEC.	10111	23,111	LOIL	K IDE.		OYER N	AME						
AC16425					С	HICAG	0 IL - 0	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S	ST STE	2800					C	HICAG	0			IL		6066	61
SECTION C - HI	EADQU	ARTE	RS OR	ESTAF								able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID EB31041					HEADQ	UARTE		STABLIS apeake		Γ-LEVEL	NAME				
								•							
HEADQUARTERS OR ESTABLISHMI															
5415 W Miltan	ry Hwy CHESAPEAKE VA 23321														21
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
	,	SECTION	ON E -	EMPL	OYER	FILIN	ELIG	BILIT	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LON	IGER I	IN BUS	INESS		
SEC	CTION								if applic	able)					
_			_	tity ID (											
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (F	Ieadqua	rters is l	Federal	Contrac	tor)	YES (N	Von-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (Or	ne or Mo	ore Non	-Headqı	uarters I	Establish	ments i	s Federa	l Contra	actor)			
	400			)N G - 1											
				ehicle F VORKE											
	SE	CHO	111 - V	VOKKI	OKCE		Race/E								
	Hisn	anic						Hispar		atino					
		atino			M	ale		тпорил			Fen	nale			
JOB CATEGORIES	Male	emale	White	or African nerican	Asian	Hawaiian or Icific Islander	an Indian or ka Native	More Races	White	lack or n American	Asian	Hawaiian or scific Islander	an Indian or ka Native	More Races	Row Total
	Ξ̈́	e	₹	_ <u>o</u> e	As	를 표	ka a	Ž	I≷	ے م	ΑS	를 Ή 기	ka Ka	Ž	

							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale		-			Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2023 EMPLOYER IN	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP COD EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Santa Fe Springs CA  ENT-LEVEL ADDRESS CITY/TOWN STATE ZIP COD IT ROAD SANTA FE SPRINGS CA 90670  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UED): Not Applicable ent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity Hispanic Not Hispanic or Latino Or Latino Male Female															
	SECTION A – TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B – EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  T STE 2800  CITY/TOWN CHICAGO CITY/TOWN CHICAGO CHI															
		SECT	TION E	- EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID							EMPL	OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE	
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61	
SECTION C - HI	EADQU	DQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Santa Fe Springs CA  LEVEL ADDRESS  CITY/TOWN STATE ZIP CODE  SANTA FE SPRINGS CA 90670  CTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ON F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable  Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME					
EB31391							Santa F	e Sprin	gs CA							
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADI	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DE	
13603 Foster	Road						SANTA	FE SP	RINGS	3		CA		9067	<b>7</b> 0	
	SECTI	ON D -	- EMPI				TION N	UMBE	R (EIN	)	<u> </u>		I			
	-	SECTI	ONE				FLICI	DII ITY	V							
YES (Employer Is Eligible										NO LOI	NGER I	IN BUS	INESS			
		TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEX	211011	Unique Entity ID (UEI): Not Applicable														
☐ <b>YES</b> (Single-Establishm	ent Emp	nt Employer is Federal Contractor) 🔲 YES (Multi-Establishment Employer is Federal Contractor)														
<del>_</del>	-	· ·														
L TES (F	ieadquai	adquarters is Federal Contractor) <b>YES</b> (Non-Headquarters Establishment is Federal Contractor)														
		adquarters is Federal Contractor)    YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	4231								salers							
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA							
							Race/E	thnicit	у							
	Hisp	anic					Not	Hispan	ic or L	atino						
	or La	atino			М	ale					Fer	nale				
JOB CATEGORIES	Male	Female	White	Slack or African American	Asian	ative Hawaiian or ner Pacific Islander	merican Indian or Alaska Native	vo or More Races	White	Black or frican American	Asian	ative Hawaiian or ner Pacific Islander	merican Indian or Alaska Native	vo or More Races	Row Total	
Foresting (Carried Land Office)					-		·	•				Ŭ	-	•		
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0 2	2	0	0	0	0	0	0	0	0	0	0	0	0 4	
Professionals	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	15	3	1	0	1	0	0	1	0	0	0	0	0	0	21	
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	12	0	1	0	0	0	0	0	0	0	0	0	0	0	13	
Laborers and Helpers Service Workers	17 0	2	2	1	4	0	0	1	0	0	0	0	0	0	27	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMI LOTER IN	FORM	ATIO	N KEI	OKI (.	EEO-1	COM	I ONE.	111)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHN				:T			•				
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
	OT OTE	2000													
500 W MADISON S								HICAG				IL		6066	l
SECTION C - H	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
GN78920						Clack	camas (	OR - KA	AO Log	istic					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
12472 SE Cap	ps Road	d					CL	ACKAN	1AS			OR		9701	5
	SECTI	ON D -	EMPI	LOYER	IDENT 052920		TION N	UMBE	R (EIN	)					
		SECTIO	ON E -	EMPLO			FLIGI	RILITY	v						
X YES (Employer Is Eligibl										NO LON	JCFR I	N RHS	INFCC		
											1GER I	II DOS	ITESS		
SE	CTION							TION (1	if applic	able)					
	Unique Entity ID (UEI): Not Applicable  ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)  ☐ VES (Non-Headquarters Establishment is Federal Contractor)														
YES (Single-Establishm	nent Emp	oloyer is	Federa	I Contrac	ctor) 🔲	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federal	l Contra	ctor)		
YES (	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
	TES (Headquarters is Federal Contractor)														
	4231			ehicle P					salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E								
	Hisp	anic						Hispan		atino					
		atino			М	ale					Fen	nale			
				_		o de	'n	S		_		o de	5	S	
				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		Φ	4	ck or Afric American	_	aiia Isl	nerican Indian Alaska Native	ΩŽ		or eri	_	aiia Isl	nerican Indian Alaska Native	ď	Total
	Male	Female	White	r A	Asian	fic %	ΕŽ	or or	White	Black or	Asian	fic 🦹	ΞŽ	o <u>r</u>	Total
	Ž	ē	⋛	o e	As	aci H	sar	Σ	₹	lac lu	As	aci H	sar	Σ	
				act		δď	eric	ō		E E		δg	eric	ō	
				ä		lati he	m' A	×		Afr		lati he	ř A	Š	
						<b>∠</b> 8	4	-				<b>∠</b> 8	4	-	
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	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	1	8	1	0	0	0	1	0	1	0	0	0	0	15
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 2023 REPORTING YEAR TOTAL	4	1	9	1	0	0	0	1	0	1	0	0	0	0	17
BRIOD 2022 DEDODTING VEAD TOTAL	2	n	12	1	0	0	0	1	1	0	0	0	0	0	17

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Tacoma WA  MENT-LEVEL ADDRESS  CITY/TOWN TACOMA  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  Deteror File   No (Employer Is Not Eligible to File)   EMPLOYER NO LONGER IN BUSINESS  ECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable Unique Entity ID (UEI): Not Applicable  Intent Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)  VERS (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic															
				-		-		:T								
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID									AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS		SECTION A - TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  STE 2800  CHICAGO IL GORGE  CHICAGO														
500 W MADISON S	ST STE	SECTION A – TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B – EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  CITY/TOWN  CHICAGO IL 60661  DQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Tacoma WA  *LEVEL ADDRESS  CITY/TOWN  STATE  ZIP CODE  TACOMA  WA  98444  CCTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  File) NO (Employer Is Not Eligible to File)														
	EADQU	ARTE	RS OR									able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMENT	Γ-LEVEL	NAME					
QP17324							Tac	oma W	/A							
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE	
133 S 96ti	n St						Т	ACOM	Α			WA		9844	14	
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)	•		•			
		SECTIO	ON E -				FLIGI	RILITY	V							
X YES (Employer Is Eligible										NO LOI	NGER I	IN BUS	INESS			
		TON F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
52	011011	<u>Unique Entity ID (UEI)</u> : Not Applicable														
YES (Single-Establishm	ent Emp	t Employer is Federal Contractor) 🔲 YES (Multi-Establishment Employer is Federal Contractor)														
<del>-</del> · · ·	•	t Employer is Federal Contractor) 🔲 YES (Multi-Establishment Employer is Federal Contractor)														
1 ES (1	1eauqua	adquarters is Federal Contractor)														
		adquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	4231	S: 140 - M	ECTION VIOLENTIAL CONTRACTOR CONT	)N G - N ehicle P	NAICS Parts (U	INFOR sed) M	MATIO erchant	N Whole	salers							
							Race/E	thnicity	y							
							Not	Hispan	ic or L	atino						
	or La	atino		1	M	ale	1				Fer	nale		1		
JOB CATEGORIES	lale	male	hite	r African erican	sian	awaiian or ific Islander	n Indian or a Native	lore Races	hite	ck or American	sian	awaiian or ific Islander	n Indian or a Native	lore Races	-	
	2	Fe	>	Black o Ame	Ą	Native H Other Pac	America Alask	Two or N	*	Bla African	Ą	Native H Other Pac	America Alaska	Two or N		
Executive/Senior Level Officials and Managers																
First/Mid-Level Officials and Managers	0	Rece/Ethnicity ispanic r Latino  More Back Not Worke Particion Indian or Male  Race/Ethnicity ispanic r Latino  More Back Not Worke Races  Not Hispanic or Latino  A lask a Native A latino  More Back Not Hispanic or Latino  A latino  More Back Not Hispanic or Latino  A latino  More Back Not Hispanic or Latino  A latino  More Back Not Hispanic or Latino  A latino  More Back Not Hispanic or Latino  A latino  More Back Not Hispanic or Latino  A latino  More Back Not Hispanic or Latino  A latino  More Back Not Hispanic or Latino  A latino  More Back Not Hispanic or Latino  A latino  More Back Not Hispanic or Latino  A latino  More Back Not Hispanic or Latino  A latino  More Back Not Hispanic or Latino  A latino  More Back Not Hispanic or Latino  A latino  More Back Not Hispanic or Latino  A latino  More Back Not Hispanic or Latino  A latin														
Professionals Tachnicians	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	0	0	2	0	0	0	0	1	0	0	0	0	0	0	3	
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

SECTION I – WORKFORCE SNAPSHOT PERIOD

0

12/10/2023 - 12/23/2023

0

0

0

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	11 014.11		, 1121	(	LLU.	00111	. 0.12	. (1 1)				Expir	ation Dat	e: 11/30/	2026	
				TION A BLISHN				RT.			•					
		SECT	ION E	B – EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID								OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE	
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81	
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA	ΓΙΟΝ (it	f applica	ıble)	•			
HQ/ESTABLISHMENT-LEVEL UNIT ID  EP13762					HEADQ	UARTEI		on City		Γ-LEVEL	NAME					
HEADQUARTERS OR ESTABLISHM	IENIT I EX	/EL ADE	DECC					TY/TOW				STATE		ZIP CO	IDE .	
30336 Whipp			KESS					IION CI				CA		9458		
			EMPI	LOYER						)				0.100		
	;	SECTIO	ON E -	· EMPL	952920 OYER		ELIGI	BILITY	Y							
X YES (Employer Is Eligib	le to File)	□NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER		NGER I	N BUS	INESS			
SI	CCTION	TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable  ent Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establish	ment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)															
□YES	Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)															
	rreadqua	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
		<u> </u>														
				ehicle P VORKF												
							Race/E		,							
		anic			NA.	ala	Not	Hispan	ic or L	atino	Fan	2010				
	or La	atino 			IVI	ale					Fen	nale				
				_		or	o	ses		<u>u</u>		or	ō	es		
JOB CATEGORIES		•		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 Islander	American Indian or Alaska Native	Two or More Races	Row	
	Male	Female	White	ck or Afric American	Asian	awa fic I	l Inc	ore	White	Black or	Asian	awa fic I	l Inc	ore	Total	
	Ž	Fen	₹	k oı	As	H <sub>2</sub>	icar ska	ŗ	₹	3lac an /	As	Ha aci	icar ska	Š		
				lac		tive er P	neri Ala	0 0,		Frica		tive er P	neri Ala	0		
				ш		S a	An	^		¥		S de	An	≥		
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	1	0	0	0	0	0	0	1	0	0	0	0	3	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
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	7	1	1	2	0	2	0	0	0	1	1	0	0	0	15	
Laborers and Helpers	3	0	2	0	0	2	0	0	0	1	0	0	0	1	9	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTAL	. 12	1	4	2	0	4	0	0	0	3	1	0	0	1	28	
PRIOR 2022 REPORTING YEAR TOTAL	9	1	4	4	0	4	0	0	0	2	1	0	0	0	25	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

#### OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME X245681 Alsip IL HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 5100 W 123Rd Street **ALSIP** 60803 IL SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 4 0 8 0 0 Professionals 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Technicians 0 0 Sales Workers 3 6 0 0 0 0 0 0 0 0 0 0 0 10 Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 1 Craft Workers 0 0 0 0 0 0 0 0

SECTION I - WORKFORCE SNAPSHOT PERIOD

0

0

0

0

0

0

0

0

0

0

0

0

0

0

2

0

0

0

0

3

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

29

69

0

117

101

8

0

37

0

0

3

11

10

0

31

10

26

0

37

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,\,(optional)}$ 

Operatives
Laborers and Helpers

Service Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100)
Revised 08/2023

•	INFORMATION REPORT (EI	` /	OMB Contro	ol Number: 3046-0049 n Date: 11/30/2026
	SECTION A - T	TYPE OF REPORT		
	ESTABLISHME	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
BZ79074		Blue Island IL - A-Reliable		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
2247 139	Th Street	BLUE ISLAND	IL	60406
		ENTIFICATION NUMBER (EIN) 2920557		
	SECTION E - EMPLOY	ER FILING ELIGIBILITY		
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File)	R IN BUSINE	SS
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable)  I): Not Applicable		

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

SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

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

	SE	CTION	1 H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA'	TA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		ори			Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	3	0	3	0	1	0	0	0	2	0	0	0	0	0	9
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	3	0	2	1	0	0	0	0	0	0	0	0	0	0	6
Administrative Support Workers	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
Craft Workers	7	0	3	5	0	0	0	0	0	0	0	0	0	0	15
Operatives	10	0	14	5	0	0	0	0	1	0	0	0	0	0	30
Laborers and Helpers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	23	0	22	12	1	0	0	0	6	0	0	0	0	0	64
PRIOR 2022 REPORTING YEAR TOTAL	18	0	15	5	1	0	0	0	6	0	0	0	0	0	45

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100)

_	INFORMATION REPORT (EF	* /	OMB Contro	l Number: 3046-0049 n Date: 11/30/2026								
	SECTION A - T	TYPE OF REPORT										
	ESTABLISHME	NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425		CHICAGO IL - CORPORATE OFFICE										
ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 CHICAGO IL 60661												
500 W MADISO	222.72											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
QP17423		Baldwin WI - Tri Star										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
320 10	th Ave	BALDWIN	WI	54002								
		ENTIFICATION NUMBER (EIN)										
		2920557										
		ER FILING ELIGIBILITY										
X YES (Employer Is Elig	ible to File) INO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINES	SS								
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable)  II): Not Applicable										
☐ YES (Single-Establi	shment Employer is Federal Contractor	r) TYES (Multi-Establishment Employer is Federal	eral 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	UKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	6	0	0	0	0	0	3	0	0	0	0	0	9
Professionals	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	8	0	0	0	0	0	0	0	0	0	0	0	8
Administrative Support Workers	0	0	2	0	0	0	0	0	4	0	0	0	0	0	6
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	0	82	1	0	0	0	0	17	0	0	0	0	0	103
Laborers and Helpers	0	0	12	0	0	0	0	0	2	0	0	0	0	0	14
Service Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
CURRENT 2023 REPORTING YEAR TOTAL	3	0	114	1	0	0	0	0	28	0	0	0	0	0	146
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENT EO 1 ENT	(I OIL)		, 1121	<b>O111</b> (.	LLO .	1 00111	1 0112	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A . BLISHN				:T			•				
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - F	EADQU	ARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
EB30648						Sun V	alley C			epair					
HEADQUARTERS OR ESTABLISHM	IENT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DDE
9228 Tujung	a Street						SU	N VALL	.EY			CA		9135	52
	SECTI	ON D -	EMPI	LOYER	IDENT 953406		TION N	UMBE	R (EIN	)					
X YES (Employer Is Eligib				• EMPLO						NO LON	NGER I	N BUSI	INESS		
											TOLK	T DCD	LILEDS		
Sr	ECTION	r – rei Uni	ique En	tity ID (	IED.	Not Apr	dicable	HON (1	п аррис	able)					
□ <b>v</b> mq (q; 1  □ 11; 1															
L YES (Single-Establish)	hment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
YES															
	Headquarters is Federal Contractor)														
		S	ECTIO	)N G – N	NAICS	INFOR	MATIO	N							
				ehicle P											
	SE	CTION	H – V	VORKF	ORCE										ı
							Race/E		,						
		anic				-1-	Not	Hispan	ic or L	atino					
	or La	atino			IVI	ale					Fen	nale			
JOB CATEGORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	o o	<u>e</u>	ā	ck or Afric American	⊆	vaii	ndi	ē	ē	Black or an Amer	⊆	vaii	ndj Iat	ē	Total
	Male	Female	White	or / eri	Asian	i≟a	ın l	₽	White	A A	Asian	ijia	ın I	₽	
	_	윤	>	¥¥	⋖	Рас	ica	_	>	Bla	⋖	Рас	ica	_	
				slac /		erl	ner Ala	õ		fric		tiv er I	ner Ala	õ	
				ш		울동	A	≥		⋖		S S	Ā	≥	
Even thus/Copies Lovel Officials and Ma	<del> </del>														
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0 2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	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	1	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2023 REPORTING YEAR TOTAL		0	2	0	0	0	0	0	0	1	0	0	0	0	0 5
CORRENT 2025 REFORTING TEAR TOTAL		U		U		U	J		J	'	J	J	U	J	, , , , , , , , , , , , , , , , , , ,
PRIOR 2022 REPORTING YEAR TOTAL	1	0	0	0	0	0	0	0	0	1	0	0	0	0	2

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`								Expir	ation Dat	e: 11/30/	2026
				TION A				<b>-</b>			•				
		CECT		BLISHN B – EMP											
OFS COMPANY ID		SECI	ION	- ENIF	LOIL	KIDEN		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C -	HEADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	(UARTE				Γ-LEVEL	NAME				
EB31261								Vegas I			1				
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOW				STATE		ZIP CC	
3370 E Lone N							NORTH					NV		8908	31
	SECTI	ON D -	·EMPl	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)					
X YES (Employer Is Eligil				EMPLO						NO LON	JCFD I	N BLICI	INIFCC		
	ECTION			-							IGEK I	пъсы	LIVESS		
S	ECTION.			tity ID (				11ON (1	п аррис	auie)					
☐ YES (Single-Establish	ment Emp							tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
□ VES	SS (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	· _														
	423	.s 140 - M	otor V	ehicle P	Parts (U	INFOR	erchant	Whole	salers						
				VORKF		DEMO	GRAPI	HC DA	TA						
							Race/E	•	,						
		anic atino			м	ale	Not	Hispan	ic or L	atino	Fen	nale			
	0, 1				IV	aic					1 61	laic			
				_		or	ō	es		_		or der	ō	es	
JOB CATEGORIES				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 Alaska Native	Two or More Races	Row
JOB CATEGORIES	ø	Female	fe	ck or Afric American	⊆	vaii	ndi Vat	reF	Ę.	Black or an Amer	<u>L</u>	vaii	ndi	re F	Total
	Male	шĕ	White	or / neri	Asian	e da Cii a	an I ka M	Mol	White	ack Ar	Asian	tav cifi	an I	Θ	
		ŭ	>	ck An	4	e Pa	rica	or	>	Car B	1	he H	rica	ō	
				Bla		atj.	me A	۸٥		\fri		ati)	a A	Q	
				_		žŧ	Ā	1		1		žŧ	₹	7	
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	3	1	2	0	0	1	0	0	1	0	0	0	0	0	8
Professionals	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	11	2	4	3	2	1	0	1	2	0	0	0	0	0	26
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1 -
Craft Workers Operatives	5	0	0 2	3	0	0	0	1	0	0	0	0	0	0	5 13
Laborers and Helpers	21	0	3	2	1	1	0	1	0	0	0	0	0	0	29
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA		4	11	8	3	3	0	4	5	0	0	0	0	0	83
CONNENT 2023 REPORTING TEAR TOTAL	- 40	4	11	U	J	J	U	7	J	U	U	U	U	U	00
PRIOR 2022 REPORTING YEAR TOTA	L 36	3	7	8	3	2	0	5	4	0	0	0	0	0	68

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	ORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
			-			E OF RI LEVEL	-	rT							
		SECT	TION B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	31
SECTION C - H	EADOL	ARTE	RSOR	ESTAB	LISHN	AENT-I	EVEL:	IDENT	IFICA'	TION (it	f annlies	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	Lilbye	111(11)	NO OIL							Γ-LEVEL		acie)			
QP16312							No	rwalk C	Т						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/FL ADI	DRESS				CI	TY/TOW	/N			STATE		ZIP CO	DF
17 Broad		LLMDL	IKLOO					ORWAL				CT		0685	
Tr Broad												01		0000	, i
	SECTI	ON D -	- EMPI		IDEN' 052920	ΓΙΓΙCΑ΄ <mark>557</mark>	TION N	UMBE	R (EIN	)					
		-	-		-	FILING	_								
X YES (Employer Is Eligible	e to File)	☐ NO	(Emple	oyer Is N	lot Elig	ible to F	ile) 🔲	<b>EMPL</b> (	OYER	NO LO	NGER I	IN BUS	INESS		
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
		Un	ique En	tity ID (	UEI):	Not App	licable								
☐ YES (Single-Establish	hment Employer is Federal Contractor)														
□ VES (	hment Employer is Federal Contractor)														
L IES	· ·														
			,						ments i	s Federa	l Contra	actor)			
	400					INFOR									
						Jsed) Mo DEMO									
	J SE	CHO	\п-v	VUKKE	OKCE		Race/E								1
	Hier	anic						Hispan	<u>,                                      </u>	atino					
		atino			М	lale	NOU	ilispaii	lic or L	atino	Fer	nale			
	<u> </u>					1						<u> </u>			
						~ <u>a</u>	-	S		_		or der	<b>=</b>	S	
				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		ø.	4	fric an		isi si	nerican Indian Alaska Native	8		or	_	ig is	nerican Indian Alaska Native	2	Total
	Male	Female	White	r A	Asian	aw Hic	n X	ore	White	ck (	Asian	aw ific	⊆ ž	ore	Total
	Σ	Ē	₹	ck or Afric American	As	SG I	car	Σ	₹	Black or an Amer	As	ac H	car	Σ	
				lac A		F G	eri Na:	0 0		rië E		i e	leri Na:	00	
				<u>B</u>		Nat the	Am ,	Ž		Af		Native Hawaiian other Pacific Islan	Am /	Ž	
						- 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals Tachnicians	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	1	2	0	0	0	0	0	0	0	0	0	0	4
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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	. 1	0	1	2	0	0	0	0	0	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

U.S. EQUAL EMPLO 2023 EMPLOYER IN			N REI	PORT (	EEO-	1 COM	PONE	NT 1)				OMB Co	Revised Ontrol Nu	08/2023 mber: 30	46-0049
			ESTA	TION A BLISHN	/ENT-	LEVEL	REPOF	RT							
		SECT	TON B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID AC16425					С	HICAG		OYER N		OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800						HICAG				IL		6066	
SECTION C - HI	EADQU	ARTE	RS OR	ESTAE	LISHN	MENT-I	EVEL	IDENT	TFICA'	TION (ii	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE:	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME				
QP16796							Wes	st Allis	WI						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADI	RESS				C	TY/TOV	VN			STATE		ZIP CC	DDE
440 S Curtis	Road						WI		532	14					
	SECTI	ON D -	EMPI												
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER FILING ELIGIBILITY														
XYES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	IGER I	IN BUS	INESS		
SEC	CTION			L CONT				TION (	if applic	able)					
YES (Single-Establishm	ent Emr		_	-				tablishn	nent Em	plover is	Federa	l Contra	ctor)		
YES (I	-	-													
	zouaquu				. —			•		s Federa			ucto1)		
		s	ECTIO	)N G - 1	NAICS	INFOR	MATIC	N							
				ehicle F VORKE											
	51	CHO	111 - V	VOKKI	OKCE		Race/E								
	Hisr	anic						Hispar	•	atino					
		atino			M	lale		ори.			Fen	nale			
						_						į.			
IOD OATEOORIES				can		e Hawaiian or Pacific Islander	ican Indian or aska Native	or More Races		ican		e Hawaiian or Pacific Islander	an or	or More Races	Row
JOB CATEGORIES	e	ale	ite	Afri	an	waii ic Is	Indi	re F	ite	k or mer	an	waii ic Is	Indi	re F	Total
	Male	Female	White	ck or African American	Asian	e Ha	rican Indian aska Native	or Mc	White	Black or san American	Asian	e Ha Pacif	rican Indian aska Native	or Mc	

							Race/E	trinicity	y						i l
	Hisp	anic			•	•	Not	Hispan	ic or L	atino	•	•		•	
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	1	0	0	0	0	0	2	1	0	0	0	0	4
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 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	2	1	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

#### OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME FA71763 Riverside CA HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 3760 Pyrite Street **RIVERSIDE** CA 92509 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)

### SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA

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

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

SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	2	1	0	0	0	0	0	2	0	0	0	0	0	6
Administrative Support Workers	1	4	0	0	0	0	0	0	0	0	0	0	0	0	5
Craft Workers	3	0	1	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	8	1	0	1	0	0	0	0	0	0	0	0	0	0	10
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 2023 REPORTING YEAR TOTAL	13	7	2	1	0	0	0	0	2	0	0	0	0	0	25
PRIOR 2022 REPORTING YEAR TOTAL	14	1	0	2	0	0	0	0	0	1	0	0	0	1	19

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`				,				Expir	ation Dat	e: 11/30/	2026
				TION A				-							
		CECT		BLISHN B – EMP											
OFS COMPANY ID		SECI	ION	- ENIF	LOIL	KIDEN		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C -	HEADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
EB31602							Oklaho		•						
HEADQUARTERS OR ESTABLISH								TY/TOW				STATE		ZIP CC	
2000 South Counci								HOMA				OK		7312	27
	SECTI	ON D -	- EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)					
X YES (Employer Is Eligi				EMPL						NO LON	JCED I	N DIICI	INIECC		
				-							NGEK I	IN BUSI	LIVESS		
	ECTION			tity ID (				TION (1	п аррис	авіе)					
☐ YES (Single-Establis	nment Emr							tablishm	nent Em	plover is	Federa	l Contra	ctor)		
<del>_</del>	-	•													
	(Headquarters is Federal Contractor)														
	·														
	423	.S 140 - M	otor V	ehicle P	NAICS Parts (U	INFOR	erchant	Whole	salers						
				VORKF											
							Race/E		,						
		anic atino			м	ale	Not	Hispan	ic or L	atino	For	nale			
	01 2				141	aic					1 61	laic			
				_		or der	ō	es		_		or der	ō	es	
IOD CATECODIES				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		Two or More Races	Row
JOB CATEGORIES	Φ	Female	te	ck or Afric American	ڇ	vaii	nerican Indian Alaska Native	ē	te	Black or an Amer	u.	vaii	nerican Indian Alaska Native	reF	Total
	Male	e Li	White	or , neri	Asian	Lay Cifi	an I ƙa M	Ø	White	ack I Ar	Asian	Hav Cifi	an l	Mo	
		Ľ	>	Sck An	•	P a	asl	ō	>	Bl	1	Ve F	asl	ō	
				Bla		ati her	me	8		Afri		ativ	A M	۸o	
						zδ	٩	Η.				Zδ	٩	-	
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	3	1	4	1	0	0	0	0	1	0	0	0	0	0	10
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	7	1	7	0	0	0	0	0	1	0	0	0	0	0	21
Craft Workers	1	0	8	0	0	0	0	0	0	0	0	0	0	0	9
Operatives	4	1	9	0	0	0	0	0	0	0	0	0	0	0	14
Laborers and Helpers	7	0	3	4	0	0	0	3	1	0	0	0	0	0	18
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	L 22	4	31	5	0	0	1	5	5	0	0	0	0	1	74
PRIOR 2022 REPORTING YEAR TOTAL	L 18	2	20	3	1	0	0	3	4	0	0	0	0	1	52

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

15

2023 EMPLOYER IN	FORM	ATIO	N REI	ORT (	EEO-1	1 СОМ	PONE	NT 1)					ation Dat			
				TON A BLISHN				RT								
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID							EMPL	OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE	
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61	
SECTION C - HI	EADQU	ARTE	RS OR									able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME					
EB30437						Pompa	ano Bea	ach FL	- Melbo	ourne						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE	
2028 NW 25t	h Ave						POMP	ANO B	BEACH			FL		3306	59	
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)						
	5	SECTIO	ON E -	EMPL			ELIGI	BILITY	Y							
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUS	INESS			
SEC	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)						
		TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  nt Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	ent Employer is Federal Contractor) 🔲 YES (Multi-Establishment Employer is Federal Contractor)															
□ VES (F	ent Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor) eadquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)															
L TES (I	icauquai							_					actor)			
				ne or Mo					iments 1	s Federa	ll Contra	actor)				
	4231			ON G - N ehicle P					salers							
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA							
							Race/E	thnicit	у							
	Hisp						Not	Hispan	ic or L	atino						
	or La	atino		1	М	ale	1			1	Fer	nale				
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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	14	0	0	0	0	0	0	0	0	0	0	0	0	0	14	
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	
Service Workers	U	U	U	U	U	U	U	U	U	U	U	U	U	U	0	

SECTION I – WORKFORCE SNAPSHOT PERIOD

0

0

12/10/2023 - 12/23/2023

0

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  SECTION A – TYPE OF REPORT													e: 11/30/	
						E OF RI LEVEL I		:T							
		SECT	TION B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADOU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL					
EB30280							Ste	erling V	Α						
HEADQUARTERS OR ESTABLISHN	ENT-LEV	/EL ADI	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
23750 Pebble Run Di								ΓERLIN				VA		2016	
				LOYER	IDENT	TIFICA'				)					
				9	952920	557									
_					-	FILING									
X YES (Employer Is Eligib				•							NGER 1	IN BUS	INESS		
SE	CTION							ΓΙΟΝ (i	if applic	able)					
						Not App									
☐ YES (Single-Establish	ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
□ VES (	ment Employer is Federal Contractor)														
L ILS	· ·														
									ments 1	s Federa	l Contra	actor)			
	423					INFOR			salers						
						DEMO									
							Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			M	ale		•			Fer	nale			
						_						_			
				_		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islande	ō	es	
IOD OATEOODIES				Black or African American		Native Hawaiian or Ather Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	0	<u>e</u>	ø	ck or Afric American	u	aiis	ndi Iati	e F	Q.	Black or	٦	aii	ndi Iati	ė.	Total
	Male	Female	White	or A eric	Asian	a Ei a	n la	Nor	White	Ck	Asian	iii a	a P	Nor	
	2	Fe	>	ik o	Ř	1 S S	ica sk	7	>	Bla an	Ř	E SE	ica	_	
				lac A		i i i	ıer	0 0		ric		ž ř	λla	0 0	
				В		Sai	Ar,	Š		Ą		the Nati	Απ'	Ě	
						- 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	1	0	2	0	0	0	0	0	0	0	0	0	0	0	3
Professionals Tachnisians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	0	0	1	0	0	0	0	1	0	0	0	0	0	0	2
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	5	0	1	5	2	0	0	0	0	0	0	0	0	0	13
Laborers and Helpers	2	0	1	2	2	0	0	0	1	0	0	0	0	0	8
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	. 8	0	5	7	4	0	0	1	2	0	0	0	0	0	27

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

n

OMB Control Number: 3046-0049

#### Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME QP17040 Hawthorne CA HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 4823 W Rosecrans **HAWTHORNE** CA SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or -emale More Total White Asian White Asian Male American Two or 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

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/20

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

Service Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INI	FORM	ATIO	N REI	ORT (	EEO-	I COM	PONE	NT 1)					ation Dat		
				TON A							<u> </u>				
			_	BLISHN			_								
OFG COMPANY ID		SECT	TON E	– EMP	LOYE	R IDEN			(A.) (F)						
OFS COMPANY ID					0			OYER N		055105	_				
AC16425					C	HICAG	O IL - C	JURPU	RATE	OFFICE					
ADDRESS							Cl	ITY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	31
SECTION C - HE	EADQU	ARTE	RS OR	ESTAB	LISHN	AENT-I	EVEL	IDENT	IFICA	ΓΙΟΝ (i	f applica	able)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
FM66283						Ha	zelton	PA - K	AO A&	Α					
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADE	RESS				Cl	ITY/TOW	VN			STATE		ZIP CC	DDE
459 W Broa							HA	AZLETO	NC			PA		1820	01
		OND	EMDI	LOYER	IDEN	ETETOA				`					
	SECII	- ע אט	EMIP		952920		HONN	NUMBE	K (EIIV	,					
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligible										NO LOI	NGER I	N RUS	INFSS		
											TOLK	II DOD	LILEDS		
SEC	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  pent Employer is Federal Contractor)  VES (Multi-Establishment Employer is Federal Contractor)														
□ x750 (0: 1 F : 11:1	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)														
YES (Single-Establishme	ent Employer is Federal Contractor)														
TYES (H	ent Employer is Federal Contractor)														
		ПΥ	ES (O	ne or Mo	ore Non	-Headaı	arters E	Establish	ments i	s Federa	ıl Contra	actor)			
				ON G - 1		•						,			
	4231	140 - M	otor V	ehicle P	arts (L	lsed) M	erchant	t Whole	salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	HIC DA	TA						
							Race/E	thnicit	y						
		anic					Not	Hispan	ic or L	atino					
	or La	atino		1	M	ale	1			1	Fen	nale			
						<u>_</u>						<u>_</u>			
				_		o e	ō	ses		⊑		o e	ō	ses	
JOB CATEGORIES				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 Islander	American Indian Alaska Native	Two or More Races	Row
JOB CATEGORIES	ø	Female	ம்	ck or Afric American	_	/aii	ndi lat	ē	ē	Black or an Amer	⊆	/aii	ndj Iat	e.	Total
	Male	Ĕ	White	or / eri	Asian	je a	a l	₽	White	A Z	Asian	ĕ	an I	ē	
	_	F.	>	k A	⋖	Рас	ica		>	BE	<	Pac	ica	ı.	
				ilac ,		er l	Ala	Õ		Ę		er E	Ala	Õ	
				ш		N E	A	≱		¥		₽ ₹	An	≥	
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	0	0	0	0	0	0	0
Sales Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	U	U	U	0	U	0	U	U	U	U	U	0	U	U	U

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`								Expir	ation Dat	e: 11/30/	2026
				TON A											
			ESTA	BLISHN	/IENT-l	LEVEL I	REPOR	RT.							
		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID					_			OYER N			_				
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	31
SECTION C - H	FADOL	ARTE	PS OR	FSTAR	I ISHN	/FNT_I	EVEL	IDENT	IFICA	TION (id	f annlica	hle)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	NO OIL	ESTAD	HEADC	UARTE	RS OR ES	STABLIS	HMENT	Γ-LEVEL	NAME	ioic)			
JT56706					•		ngton F								
HEADQUARTERS OR ESTABLISHM	ENT LEV	/EL ADE	DECC					TY/TOW				STATE	1	ZIP CO	NDE.
6111 Bunki		EL ADL	KESS			,	ں WASHI			,		IL		6220	
OTTI BUIKI												IL		0220	J4
	SECTI	ON D -	EMPI	LOYER	IDENT 052920		TION N	UMBE	R (EIN	)					
	5	SECTIO	ON E -	EMPLO			ELIGI	BILIT	Y						
X YES (Employer Is Eligible				-							NGER I	IN BUS	INESS		
SE	CTION							TION (i	if applic	able)					
		Uni	ique En	tity ID (	UEI):	Not App	licable								
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
TYES (	S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	(Headquarters is Federal Contractor)														
	4231			ehicle P					salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicit	У						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino		, ,	M	ale					Fen	nale			
						_						_			
				_		o ge	ō	ses		⊆		o g	ō	es	
JOB CATEGORIES				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 Islander	American Indian Alaska Native	Two or More Races	Row
JOB CATEGORIES	ø	Female	ā	ck or Afric American	⊆	vaii	ndi Iat	e F	ā	Black or an Amer	⊆	vaii	ndj Iat	ē	Total
	Male	Ĕ	White	or / ieri	Asian	ļia	an I ka N	ΝO	White	ack Ar	Asian	lija Silija	an I ≀a N	₫	
	_	ı,	>	A K	⋖	e F Pac	rica	orl	>	Bla	⋖	Pac	rica	_	
				3lac		er	ner Ala	0/		fric		er	ner Ala	õ	
				ш		울	Ā	≥		⋖		울	Ā	Ě	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	2	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	3 2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	2	1	0	0	0	0	2	0	0	0	0	0	6
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers Operatives	2	0	4	7	0	0	0	1	0	0	0	0	0	0	2 16
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 2023 REPORTING YEAR TOTAL	. 3	1	9	9	0	0	0	1	8	0	0	0	0	0	31
PRIOR 2022 REPORTING VEAR TOTAL	1	0	12	6	0	0	0	1	4	0	0	0	0	0	24

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

#### OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB31674 Fresno CA HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 3131 S Northpointe Dr Ste 103 **FRESNO** CA 93725 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	3	0	0	0	0	0	0	1	0	0	0	0	0	0	4
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	1	3	1	0	0	0	0	3	0	0	0	0	0	3	11
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	6	0	0	0	1	0	0	2	0	1	0	0	0	0	10
Laborers and Helpers	6	0	1	0	0	0	0	1	0	0	0	0	0	0	8
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	16	3	2	0	1	0	0	7	0	1	0	0	0	3	33
			(			1	,		1				,		
PRIOR 2022 REPORTING YEAR TOTAL	13	3	3	0	0	0	0	4	0	1	0	0	0	3	27

SECTION I - WORKFORCE SNAPSHOT PERIOD

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENII EO TENI	Expiration Date: 11/30/2020 SECTION A – TYPE OF REPORT													2026	
						LEVEL I									
OFS COMPANY ID		SECT	TON B	B – EMP	LOYE	R IDEN		<b>TION</b> OYER N	AME						
AC16425					C	HICAGO				OFFICE					
						пісав				OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C -	HEADQU	ARTE	RS OR	<b>ESTAB</b>	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				r-LEVEL	NAME				
EB31463							Mer	nphis 1	N						
HEADQUARTERS OR ESTABLISH	MENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
4640 Hicko	y Hill Rd						M	EMPH	IS			TN		3814	11
	SECTI	ON D -	EMPI			TIFICA'	TION N	UMBE	R (EIN	)	ı		I		
	CCTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
	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): Not Applicable														
S	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establish	shment Employer is Federal Contractor)														
YES	S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	(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														
	400	S	ECTIO	)N G - 1	NAICS	INFOR	MATIO	N							
						DEMO									
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
						. 5									
				au		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	_
JOB CATEGORIES		o)		Black or African American		iia Isla	dian	Ra		Black or African American		Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afrio American	Asian	wa ic I	Inc Na	ore	White	Black or	Asian	wa ic I	Na Na	ore	Total
	ı≌	e.	×	ror	Asi	H a	an ka	Ĕ	×	lac n A	Asi	E Ha	sa ska	Ĕ	
				ack		δg	eric	ō		B		δg	eric	ō	
				ä		lati	Α A	«o		Afr		lati	μĂΑ	«o	
						2 8	•	_				~ ō	`	_	
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	4	0	0	0	0	0	1	0	0	0	0	0	5
Professionals	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Technicians Sales Workers	0	0	3	2	0	0	0	0	0	0	0	0	0	0	6
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	11	21	0	0	0	0	0	2	0	0	0	0	35
Laborers and Helpers	1	0	2	5	0	0	0	0	0	0	0	0	0	0	8
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 3	0	20	29	0	0	0	0	2	2	0	0	0	0	56
PRIOR 2022 REPORTING YEAR TOTA	L 1	0	19	33	0	0	0	0	1	0	0	0	0	0	54

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

												F			
				TION A BLISHN				rT							
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	0 IL - 0	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADQU	ARTE	RS OR	<b>ESTAB</b>	BLISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
FM66306						Oklah	ioma Ci	ty OK -	KAO L	ogis					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADI	DRESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
2000 South Council F	Road, Si	uite 101	1				OKLA	HOMA	CITY			OK		7312	28
	SECTI	ON D -	- EMPI	LOYER	IDEN 952920		TION N	UMBE	R (EIN	)	,		•		
	;	SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	e to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPLO	OYER	NO LON	IGER I	IN BUS	INESS		
SE	CCTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> Not Applicable														
	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishn	nent Employer is Federal Contractor) <b>YES</b> (Multi-Establishment Employer is Federal Contractor)														
□ ves (															
I IES (	reauqua				. —			•					actor)		
						_			ments i	s Federa	l Contra	actor)			
	423	S 140 - N	ECTI( lotor V	ON G - I ehicle P	NAICS Parts (L	INFOR	MATIO erchant	N Whole	salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			M	ale					Fer	nale			
				_		Native Hawaiian or Other Pacific Islande	ō	Two or More Races		Ę		Native Hawaiian or Other Pacific Islande	ō	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Rac		Black or African American		Native Hawaiian or Ither Pacific Islande	American Indian or Alaska Native	Rac	Row
JOB CATEGORIES	Φ	Female	ţ	ck or Afric American	Ę	kai C.Is	Ind	_e	te	Black or an Amer	Ę	vai c Is	lat Aat	re	Total
	Male	Ĕ	White	or,	Asian	da C≓i	an   ca	Mo	White	ack	Asian	da C≓i	an	Mo	
		ш	>	A <sub>T</sub>	•	Pa	rica	or	>	E E	٩	Pa	ic as	or	
				sla ,		e ţi	nel Ala	0		fric		e ţi	Ag Pe	Q.	
				ш		울	Ar	≥		⋖		울	Ā	≥	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers 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	2	0	2	0	0	0	0	0	1	0	0	0	1	0	6
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

Service Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

			Expirati	on Date. 11/30/2020
	SECTION A - T	TYPE OF REPORT		
	ESTABLISHMEI	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425	CHICAGO IL - CORPORATE OFFICE			
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E	
EB31454		Bristol TN		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
107 Deck	Valley Rd	BRISTOL	TN	37620
	CECTION D. EMPLOYED ID	ENTERED A TOTAL NUMBER (EIN)		

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

952920557

### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	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	1	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	8	0	0	0	0	0	0	0	0	0	0	0	8
Laborers and Helpers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	12	0	0	0	0	0	4	0	0	0	0	0	16
PRIOR 2022 REPORTING YEAR TOTAL	0	0	10	0	0	0	0	0	4	0	0	0	0	0	14

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

U.S. EQUAL EMPLOY 2023 EMPLOYER INI												OMB Co	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 304	16-0049
			SECT	ION A	– TYPI	E OF RI	EPORT				<u>l</u>				
			ESTA	BLISHN	/ENT-L	EVEL I	REPOR	Т							
		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID					0			OYER N		OFFICE					
AC16425					C	HICAG				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	
500 W MADISON S								HICAG				IL		6066	S1
SECTION C – HE	ADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT.	IFICA'	ΓΙΟΝ (it Γ-LEVEL	applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				I-LEVEL	NAME				
QP16281		****			-			ngfield '						==== aa	
HEADQUARTERS OR ESTABLISHME		/EL ADE	DRESS			STATE		ZIP CO							
5255 A Port I						VA		2215	01						
	SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E - EMPLOYER FILING ELIGIBILITY														
V VEC (Employer Is Eligible															
	ible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEC	TION					Vot App		HON (1	п аррис	abie)					
YES (Single-Establishme	ent Emr		_					ahlichm	ent Em	nlover is	Federal	l Contra	ctor)		
<del>_</del> _ · · ·	-	•													
TES (H	leadqua							•					actor)		
									ments i	s Federa	l Contra	actor)			
		140 - M	otor V	ehicle P	arts (U	INFOR	erchant	Whole							
	SE	CTION	V H – V	VORKF	ORCE	DEMO									
			1				Race/E								
		anic atino			м	ale	Not	Hispan	ic or L	atino	Fen	nale			
	0. 2.										. 0				
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
i iloviviiu-Levei Ottiolaio attu iviatiayeto		v	<u> </u>	,	v	٧	<b>,</b>	v	<u> </u>	y	•	v	v	•	Ÿ

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

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`				,				Expi	ration Dat	e: 11/30/	/2026
				TION A							·				
				BLISHN											
OFS COMPANY ID		SECT	TON E	B – EMP	LOYE	R IDEN		<b>TION</b> OYER N	AME						
AC16425					C	нісла				OFFICE					
						ПСАС				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - 1	HEADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
EB31721							App	oleton V	VI						
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DDE
5050 N Wr	en Drive						AF	PLETO	NC			WI		5491	13
	SECTI	ON D -	EMPI	LOYER	IDEN 1		TION N	UMBE	R (EIN	)	ı				
	SECTION E – EMPLOYER FILING ELIGIBILITY  ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
	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): Not Applicable														
S	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
	Unique Entity ID (UEI): Not Applicable shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establish															
☐ YES	(Headquarters is Federal Contractor)														
_	· ·														
									ments i	s redera	i Collu	actor)			
	423	.S 140 - M	otor V	ON G - N ehicle P	NAICS Parts (L	INFOR Ised) M	MATIU erchant	N Whole	salers						
				VORKF											
							Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale	1				Fer	nale			
						_						_			
				_		o ge	ō	Ses		⊆		န် ဇ	þ	Ses	
JOB CATEGORIES				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 Islander	American Indian Alaska Native	Two or More Races	Row
JOB CATEGORIES	Φ	Female	ţ.	ck or Afric American	ڇ	Vaii	Ind	<u>ē</u>	te te	Black or an Amer	Ę	vaii	lat	ē	Total
	Male	Ĕ	White	or,	Asian	da,	an I	9	White	ack Ar	Asian	da√	l E	9	
		Ľ.	>	ck A	< <	Pa Pa	rica		>	Big	⋖	Pa Pa	ics ask	<u> </u>	
				3la		e ţi	ne Ala	ě		fric		ati e	E A	ě	
				_		ᇐ	Ā	₽		٩		ᇐ	₹	≥	
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 2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers Operatives	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0 12
Laborers and Helpers	0	0	2	0	1	0	0	0	0	0	0	0	0	1	4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 0	0	17	2	1	0	0	0	2	0	0	0	0	1	23
PRIOR 2022 REPORTING YEAR TOTA	_ 0	0	17	2	1	0	0	0	2	0	0	0	0	1	23

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	Expiration Date: 11/30/2 SECTION A – TYPE OF REPORT													2026	
				TION A BLISHN				T							
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C -	HEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	TION (if	applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
EB31061								hattan							
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOW				STATE		ZIP CC	
809 Levee Dr			FMDI	LOYER	IDENT	CIFIC A'		NHATT		<u> </u>		KS		6650	JZ
				9	952920	557				,					
X YES (Employer Is Eligi	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): Not Applicable														
S	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establis)	Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
	hment Employer is Federal Contractor)														
_ IES	(пеацциа	· ·													
									ments 1	s Federa	l Contra	actor)			
	423	.S 140 - M	otor V	ON G - N ehicle P	vaics arts (L	INFOR Ised) M	erchant	N Whole	salers						
				VORKF											
							Race/E		,						
		anic atino			M	ale	Not	Hispan	ic or L	.atino	Fon	nale			
	Of L	aumo			IV	ale					геп	lale			
				u		Native Hawaiian or Other Pacific Islander	o .	Ses		Ę		Native Hawaiian or Other Pacific Islander	p o	ses	
JOB CATEGORIES				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 Other Pacific Islan	American Indian or Alaska Native	Two or More Races	Row
	Male	Female	White	ck or Afric American	Asian	wai	Inc Na	ore	White	Black or	Asian	wai	Inc	ore	Total
	Ř	-en	×	k or mei	Asi	Ha	can ska	ž	×	slac In A	Asi	Ha	can ska	ž	
		_		lacl A		i ve	erie Nas	0		ris B		i Ve	eric Nas	0	
				B		Nat	Am ,	Ž		Ą		Nat	Am	ž	
Executive/Senior Level Officials and Managers	0	0	1	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	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	<b>L</b> 0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
DDIOD 2000 DEDOCTIVO VEAT TOTAL		0	4	C	C	0	0	0	1	0	0		0	0	-
PRIOR 2022 REPORTING YEAR TOTA	L 0	0	4	0	0	0	0	0	1	0	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENII EO I ENII	Expiration Date: 11/30/2 SECTION A – TYPE OF REPORT													2026	
				TION A · BLISHN				:T			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON								HICAG				IL		6066	51
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	<u>IEADQU</u>	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<mark>ΓΙΟΝ</mark> (if Γ-LEVEL	f applica	able)			
EB31905					пеарс	UAKTEI		burgh l		I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	ENT LEX	EL ADD	DECC					TY/TOW				STATE		ZIP CO	DE
24 Jeanne		EL ADL	KESS					WBUR				NY		1255	
		ON D -	EMPI	LOYER						)					
		SECTIO	ON E -	EMPLO	952920 OYER		ELIGI	BILIT	Y						
X YES (Employer Is Eligib											NGER I	IN BUSI	INESS		
SE	CCTION	· ·													
☐ YES (Single-Establish	ment Employer is Federal Contractor)														
☐ YES (	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
_	Headquarters is Federal Contractor)   YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
		S	ECTIO	NG-N	NAICS	INFOR	MATIO	N							
				ehicle P											
	SE	CTION	N H – V	VORKF	ORCE		GRAPE Race/E								
	Hisp	anic	1					Hispan	<u>,                                      </u>	atino					
	or La				М	ale					Fen	nale			
						r er		s				r er	_	s	
100 047500050				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	o o	ale	ē	ck or Afric American	⊑	vaii c Isl	nerican Indian Alaska Native	<u>Б</u>	9	or	<u>u</u>	vaii c Isl	nerican Indian Alaska Native	<u>Б</u>	Total
	Male	Female	White	or / reri	Asian	Hav	an I ka N	ĕ	White	Black or an Amer	Asian	Hav	an I ka N	ĕ	
		Ľ	_	An	•	ve I	əricə lasl	ō	_	BI	1	ve F	eric lasl	ō	
				ĕ		lati	Ame A	, ×		Afr		lati	Ame A	, ×	
						-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	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	2	0	1	0	0	0	0	0	0	0	0	0	4
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	4	1	5	2	0	0	0	1	1	0	0	0	0	1	15
Laborers and Helpers	1	0	0	1	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	. 6	1	10	3	1	0	0	1	1	0	0	0	0	1	24
PRIOR 2022 REPORTING YEAR TOTAL	. 6	0	10	2	0	0	0	0	0	0	0	0	0	1	19

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`				,				Expir	ation Dat	e: 11/30/	2026
						E OF RI LEVEL I		RT.			•				
		SECT	TION F	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	10111		BUIL			OYER N	AME						
AC16425					C	HICAGO				OFFICE					
						THOAC				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON S	ST STE	2800					C	HICAG	0			IL		6066	61
			DG 0 D	TOP 1 T			_			PT 0 3 7 //					
SECTION C - H	EADQU	AKIE	KS OK							ΓΙΟΝ (11 Γ-LEVEL		able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					неарс	-					NAME				
EB30877						Da	ytona F	L - Self	f Service	ce					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADI	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
3157 W Intl Spee							DAYT	ONA B	FACH			FL		3212	24
															-
	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
	952920557  SECTION E – 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)														
	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
SE	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
VEC (Single Establishe	Unique Entity ID (UEI): Not Applicable														
<del>_</del> · · · •	Unique Entity ID (UEI): Not Applicable nment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
YES (															
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
	4004					INFOR									
						DEMO									
	SE	CHO	111 - 1	VOKKI	OKCE		Race/E								
	Hisp	onio	1					Hispan		otino					
	or La				M	ale	NOL	пізран	IC OI L	auno	For	nale			
	OI L	atimo	ļ	1	IV.	ale				1 1	rei	liale			
				⊆		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES				Black or African American		ian	nerican Indian Alaska Native	Ra		Black or African American		ian	nerican Indian Alaska Native	Ra	Row
JOB CATEGORIES	ø	ale	த	ck or Afric American	⊑	c ls	nd Iat	ē	يو	Black or an Amer	⊑	c ls	nd Iat	e e	Total
	Male	Female	White	eri	Asian	ĕij	n I a N	loi	White	잘~	Asian	ĕij	n I a N	loi	
	2	Fe	>	ᅐᄛ	ă.	E SE	ica sk	-	>	339	Ř	E SE	ica sk	-	
				ac		ŘΑ̈́	eri Na	00		H .5		ŘΨ	eri Na	0 0	
				8		at he	m\	×		₽₽		he lat	m\	×	
						~ g	1	_				<b>∠</b> 8	1	-	
Executive/Senior Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	3
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	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Administrative Support Workers	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	8	0	2	0	0	0	0	1	0	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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	8	0	10	0	0	0	0	1	3	0	0	0	0	0	22

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII LOTEK II	II OKWI	AHO	I NE	OKI (	EEO-	COM	ONE	111)				Expir	ation Dat	e: 11/30/	2026	
				TION A · BLISHN				:T			•					
		SECT	TION B	- EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID							EMPL	OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE	
500 W MADISON	ST STE	2800						HICAG				IL		6066		
														0000	71	
SECTION C – F HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR							<b>ΓΙΟΝ</b> (i1 Γ-LEVEL		ıble)				
,					пеарс	•					NAME					
EB30814						Ori	ando F			e						
HEADQUARTERS OR ESTABLISHM		EL ADE	DRESS					TY/TOW				STATE		ZIP CC		
9205 E Colo								RLAND				FL		328′	17	
					952920	557				)						
VFS (Employer Ic Eligib		-		EMPLO	-					NO LON	JCED I	N BIICI	NECC			
	e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  September 15 Federal Contractor VISC (Multi-Establishment Employer in Federal Contractor)															
Si	CTION	Unique Entity ID (UEI): Not Applicable														
	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor)															
YES (Single-Establish	nent Employer is Federal Contractor) <b>TYES</b> (Multi-Establishment Employer is Federal Contractor)															
YES	Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)															
		· · · · · · · · · · · · · · · · · · ·														
				N G - N		_					Contro					
	423			ehicle P					salers							
				VORKF												
							Race/E	thnicit	у							
	Hisp	anic					Not	Hispan	ic or L	atino						
	or La	atino			М	ale					Fen	nale				
						_						,				
				_		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islander	ō	es		
IOD CATECODIES				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 Xther Pacific Islande	American Indian or Alaska Native	Two or More Races	Row	
JOB CATEGORIES	0	<u>•</u>	ø	ck or Afric American	_	aii	ndi Iati	ē	ø.	or ner	_	aii S Is	ndi Iati	ē	Total	
	Male	Female	White	or A	Asian	a iii g	n a N	وَ	White	Black or an Amer	Asian	aw	n a N	وَ		
	2	Fe	>	k c	Ä	E SE	ica	~	>	3la an	ĕ	H 6	ica sk	~		
				lac A		i i	ıeri Na	0		ı Si		ive er P	leri Na	0		
				В		Sai	Ar,	Ě		Æ		Nat	Am,	Ž		
						- 6	·	•				- 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	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	
Professionals	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2	
Technicians Sales Workers	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0 5	
Administrative Support Workers	0	2	0	0	0	0	0	0	1	0	0	0	0	0	3	
Craft Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Operatives	5	1	2	0	0	0	0	0	0	0	0	0	0	0	8	
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 2023 REPORTING YEAR TOTAL	. 11	5	4	0	0	0	0	0	1	0	0	0	0	0	21	
PRIOR 2022 REPORTING YEAR TOTAL	6	0	1	0	0	0	0	0	0	0	0	0	0	0	7	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

EMPLOYER NAME

AC16425 CHICAGO IL - CORPORATE OFFICE

ADDRESS CITY/TOWN STATE ZIP CODE

500 W MADISON ST STE 2800 CHICAGO IL 60661

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

HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

AC21641 Akron OH - Triplett

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN STATE ZIP CODE
AKRON OH 44306

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
First/Mid-Level Officials and Managers	1	0	18	0	1	0	0	0	5	0	0	0	0	0	25
Professionals	0	0	6	0	0	0	0	0	4	0	0	0	0	0	10
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	25	1	0	0	0	1	10	2	0	0	0	0	39
Administrative Support Workers	0	0	5	0	0	0	0	0	19	1	0	0	0	0	25
Craft Workers	0	0	22	1	0	0	0	1	1	0	0	0	0	0	25
Operatives	1	0	33	17	0	0	0	3	4	0	0	0	0	0	58
Laborers and Helpers	0	0	3	6	0	0	0	0	3	0	0	0	0	0	12
Service Workers	0	0	3	2	1	0	0	0	7	3	0	0	0	2	18
CURRENT 2023 REPORTING YEAR TOTAL	2	0	115	27	2	0	0	5	55	6	0	0	0	2	214
PRIOR 2022 REPORTING YEAR TOTAL	3	0	77	11	0	0	0	3	18	3	0	0	0	0	115

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

												Expir	ation Dat	e: 11/30/	2026
				TON A											
			ESTA	BLISHN	/ENT-L	-EVEL I	REPOR	T.							
		SECT	TON B	3 <b>–</b> EMP	LOYE	R IDEN									
OFS COMPANY ID					_			OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADOU	ARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	TION (it	fapplica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
EP35575						Ch	esapea	ke VA	- Norfo	lk					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
5409 West Mil							CHE	SAPE	AKE			VA		2332	21
			EMDI	OVED	IDEM	CITCLO A	TTON N	TIMBE	D (EIN	`					
	SECTI	ON D -	EMIPI	LOYER	1DEN 1 952920		HON N	UMBE	K (EIN	)					
W range of the results				EMPL											
	Unique Entity ID (UEI): Not Applicable														
SE	shment Employer is Federal Contractor) <b>TYES</b> (Multi-Establishment Employer is Federal Contractor)														
_	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishr	hment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
YES (	S (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	, <u> </u>														
				ON G - N					inents i	s r caera	Contro	etor)			
	423			ehicle P					salers						
				VORKF											
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino.					
	or La	atino		1	М	ale	1			1	Fen	nale	1		
						. 5						. 5			
				⊆		Native Hawaiian or Other Pacific Islander	o o	Two or More Races		an		Native Hawaiian or Other Pacific Islander	o o	Two or More Races	
JOB CATEGORIES				Black or African American		iar Slaı	American Indian or Alaska Native	Ra		Black or African American		iar	American Indian or Alaska Native	Ra	Row
002 0.11.200.11.20	<u>e</u>	Female	White	ck or Afric American	Asian	wai ic l	Ind Na	<u>e</u>	White	Black or an Amer	Asian	wai	Ind Na	<u>e</u>	Total
	Male	e l	Ϋ́	or ner	Asi	Hay	an ka	€	₹ F	acl A	Asi	Ha	an ka	€	
		Ľ.	_	A P	_	Pa Pa	ric	ō	_	B E	_	Pa e	as as	ō	
				Bla		ati ner	me Al	٥		√fri		ati ner	M A	8	
						ΣÃ	A	F		`		≥ <u>₽</u>	⋖	F	
5				_								_			
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	3	2	0	0	0	0	0	1	0 1	0	0	0	7
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Operatives Laborers and Helpers	0	0	11	7	0	0	0	0	0	1	0	0	0	0	19 5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	19	12	0	0	0	1	1	2	1	0	0	0	36
CONNENT 2023 REPORTING TEAR TOTAL	U	U	18	12	U	U	U	'	'	۷.	' 	V	U	U _	30
PRIOR 2022 REPORTING YEAR TOTAL	0	0	16	12	0	0	0	1	2	0	1	0	0	0	32

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

## LIC EQUAL EMPLOYMENT OPPOPTUNITY COMMISSION (FEOC.)

EEOC Standard Form 100 (SF 100)

2023 EMPLOYER	OMB Control Number: 3046-0049 Expiration Date: 11/30/2026											
	SECTION A – T	TYPE OF REPORT										
	ESTABLISHMEI	NT-LEVEL REPORT										
SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID	EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE											
AC16425												
ADDRES	S	CITY/TOWN	STATE	ZIP CODE								
500 W MADISO	N ST STE 2800	CHICAGO	CHICAGO									
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME											
EB30996												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
555 River	park Drive	KANSAS CITY	KS	66105								
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)												
952920557												
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 CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : Not Applicable										
☐ YES (Single-Establis	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Feder	ral Contractor	•)								
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)												

### SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

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

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Hispanic Not Hispanic or Latino Male or Latino Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Two or More Races American Indian or Alaska Native Two or More Races American Indian or Alaska Native Black or African American Black or African American Row **JOB CATEGORIES** Female White Total Asian Asian White Male 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 2023 REPORTING YEAR TOTAL** PRIOR 2022 REPORTING YEAR TOTAL

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/202

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)							OMB Control Number: 3046-0049 Expiration Date: 11/30/2026									
				TION A BLISHN							•					
		SECT	TION E	- EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID	OFS COMPANY ID EMPLOYER NAME															
AC16425	CHICAGO IL - CORPORATE OFFICE															
ADDRESS								TY/TOV				STATE				
500 W MADISON S						CHICAGO							60661			
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
QP16923							Q	uincy II	_							
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	DRESS				Cl	TY/TOV	VN			STATE ZIP CODE			DDE	
1028 Jers	ey						(	QUINC'	Y			IL		62301		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557																
	9	SECTIO	ON E -	EMPL			ELIGI	BILIT	V							
X YES (Employer Is Eligible										NO LON	IGER I	IN BUSI	NESS			
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)																
									ments i	s Federa	l Contra	actor)				
	423			NG-I					salers							
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H – WORKFORCE DEMOGRAPHIC DATA																
							Race/E									
	Hien	anic							•	atino					-	
		atino	Not Hispanic or Latino Male					Fer	Female							
	0. 20							1				laic		1		
JOB CATEGORIES		<u>e</u>	Φ	frican an	_	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Φ	Black or African American	c	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total	
	Male	Female	White	Black or African American	Asian	re Haw Pacific	nerican Indian Alaska Native	or Mor	White	Black or can Amer	Asian	ve Haw Pacific	nerican Indian Alaska Native	or Mor		
				Bla		Nativ Other	Ame	Two		Afri		Nativ Other	Ame Al	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	0	0	0	0	0	0	0	0	0	0	0	0	0	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Craft Workers Operatives	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3	
Operatives	U	U	3	U	U	U	U	U	U	U	U	U	U	U	J 3	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

#### OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME QP16983 Phoenix AZ HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 3033 N 35th Avenue, #A-2 **PHOENIX** 85017 AZ SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 0 0 0 0 0 0 0 0

0 SECTION I - WORKFORCE SNAPSHOT PERIOD

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

n

0

0

0

0

0

8

0

0

0

0

0

0

0

0

4

0

0

0

0

0

0

0

0

0

0

0

0

0

3

0

0

3

0

0

0

0

0

0

12/10/2023 - 12/23/2

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

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Operatives Laborers and Helpers

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)									OMB Control Number: 3046-0049 Expiration Date: 11/30/2026							
SECTION A - TYPE OF REPORT																
ESTABLISHMENT-LEVEL REPORT																
		SECT														
SECTION B – EMPLOYER IDENTIFICATION  OFS COMPANY ID  EMPLOYER NAME																
AC16425					C	HICAG				OFFICE	•					
						1110/10				011101						
									ZIP CC	CODE						
500 W MADISON ST STE 2800					CHICAGO IL 6066								51			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
EB31380	Cincinnati OH															
HEADQUARTERS OR ESTABLISHME	NT-I FX	/FL ADD	RESS				C	ITY/TOV	VN		1	STATE		ZIP CC	ODE	
11950 Mostel		LL ADL	KLSS					NCINN				OH 4524				
T 1950 MOStell	iei Ku						CII	NCIININ/	AII			ОП		4324	+1	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)																
952920557 SECTION E – EMPLOYER FILING ELIGIBILITY																
X YES (Employer Is Eligible										NO I O	NCER I	N RIIGI	INFCC			
				•							WEK!	II DCS	ITESS			
SEC	CTION	F – FEI	DERAL	L CONT	RACT	OR DE	SIGNA	TION (	if applic	able)						
_				tity ID (												
☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)																
☐ YES (H	leadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)			
☐ 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																
	423	ری 140 - M	otor V	ehicle P	arts (L	INFOR	erchant	t Whole	salers							
				VORKF												
							Race/E	thnicit	у							
	Hispanic Not Hispanic or Latino															
		atino			M	Male					Fer	Female				
						ج جا	'n	S		_		Native Hawaiian or Other Pacific Islander	≿	S		
				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	Row	
JOB CATEGORIES		ø	-	fric	_	iii Isl	dia atj	ě.		or eri	_	isi si	dia	2	Total	
	Male	Female	White	ck or Afric American	Asian	ij 🦠	nerican Indian Alaska Native	ore	White	Black or an Amer	Asian	i	nerican Indian Alaska Native	ore	IOlai	
	Ĕ	e.	₹	r or	As	Sci Ha	ika ika	Š	Ĭ	lac n /	As	음 당 당	san	Š		
				A Sch		e ii	aric las	ō		<u>а</u> <u>ё</u>	-	ě č	aric las	ō		
				Bla		ati	¥ ¥	8		Ę		ati	¥ ¥	8		
						≥ £	⋖	F		_		≥ £	⋖	<b>–</b>		
Executive/Senior Level Officials and Managers	0	0	0 4	0	0	0	0	0	1	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	5 1	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3	
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	6 5	2	0	0	0	0	3	0	0	0	0	0	12 6	
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

10

2023 EMPLOYER IN	FORM	ATIO	N REF	PORT (	EEO-1	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
			SECT	TON A	– TYPI	E OF RI	EPORT								
			ESTA	BLISH	/ENT-l	LEVEL I	REPOR	T:							
		SECT	TION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE	•				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON S	тет	2000						HICAG				IL		6066	
SECTION C - HI			RS OR	FSTAR	I ISHN	/FNT-I				FION (it	f applies			0000	)
HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKIL	KS OK	LSIAD	HEADC	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME	abie)			
EK02691					`		annah (								
						Cavi				100			1	=======================================	
HEADQUARTERS OR ESTABLISHME			DRESS					TY/TOW				STATE		ZIP CO	
1321 Highway	80 Wes	st					SA	VANN	AH			GA		3140	)8
	SECTI	ON D -	- EMPI		IDENT 052920	FIFICA'	TION N	UMBE	R (EIN	)	•				
		SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	SECTION E – 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): Not Applicable  hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
											10211				
SEC	TION							TION (1	if applic	able)					
_			-												
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
YES (H	leadqua:	rters is l	Federal	Contrac	tor)	YES (N	on-Head	lquarters	s Establ	ishment	is Feder	ral Contr	ractor)		
_ `	•							-							
									ments 1	s Federa	ı Contra	actor)			
	4231					INFOR			salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA'	TA						
							Race/E	thnicity	V						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fer	nale			
						ج کا	⊱	S		_		卢	≿	S	
				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	Row
JOB CATEGORIES		as a		ric	_	ija Isla	nerican Indian Alaska Native	ž		or eric	_	iiia Isla	nerican Indian Alaska Native	25	Total
	Male	Female	White	ck or Afric American	Asian	<u>ت</u> ۾	r s	ore	White	Black or	Asian	S S	Ξ̈́	ore	TOLAT
	Ĭ	eπ	₹	o le	Asi	E H	an ka	Ĕ	₹	lac n A	Asi	E H	ka ka	Ĭ	
		ш	_	ck An	_	е <sub>С</sub>	ric as	or	_	Bl	_	ъ Б	ric	or	
				319		atj.	Me Al	Q		۱ŧ		atj.	ᄝ	۸٥	
				_		žŧ	₹	≥		٩		žŧ	₹	_≥	
												_			
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	1
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	2	0	0	0	1	0	2	0	0	0	0	6
Administrative Support Workers	0	0	0	0	0	0	0	0	0	2	0	0	0	0	2
Craft Workers	0	0	2	3	0	0	0	1	0	0	0	0	0	0	6
Operatives	0	0	3	2	0	0	0	0	1	0	0	0	0	0	6
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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	0	0	7	7	0	0	0	2	1	4	0	0	0	0	21

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	SECTION A – TYPE OF REPORT													e: 11/30/	2026
						E OF RI LEVEL I		T.							
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C -	HEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
EP14334						Va	ılley Vie			X					
HEADQUARTERS OR ESTABLISH			RESS					TY/TOW				STATE		ZIP CC	DDE
16485 Rocks	side Road	d					MAPL	E HEI	SHTS			ОН		4413	37
	SECTI	ON D -	EMPI		IDEN <sup>7</sup> 952920	ΓΙ <mark>ΓΙ</mark> CΑ΄ 1557	TION N	UMBE	R (EIN	)					
X YES (Employer Is Eligi						FILING				NO LON	IGER I	IN BLIST	INESS		
	ECTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA'				10211				
T VEG (C. 1 E (11)	, F					Not App		. 11' 1		, .	г.	1.0			
☐ YES (Single-Establish	•	•				,							,		
☐ YES	(Headqua	rters is I	Federal	Contrac	tor)	YES (N	lon-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
		S	ECTIO	)N G - 1	NAICS	INFOR	MATIO	N							
						DEMO									
							Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			M	lale	1 1				Fer	nale	1		
				ے		or	or	ses		<u> </u>		or	o	ses	
JOB CATEGORIES				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 Other Pacific Islan	American Indian or Alaska Native	Two or More Races	Row
OOD OATEOONIES	<u> </u>	Female	iţe	ck or Afrio American	an	wai ic Is	Ind	<u>e</u>	iţe	Black or	an	wai ic Is	Ind Nat	<u>e</u>	Total
	Male	ē	White	or	Asian	Ha Sci	an	Ĕ	White	lac n A	Asian	Hay	an	Ĕ	
				ack Ar		ive r P	eric	ō		B		i Ve	eric	ō	
				B		Native Hawaiian or Other Pacific Islander	Am ,	Ě		Af		Native Hawaiian or Other Pacific Islander	Am ,	Ě	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0 5	0	0	0	0	0	0	0	0	0	0	0	0 5
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	7	4	0	0	0	0	1	0	0	0	0	0	12
Laborers and Helpers	4	1	6	0	0	0	0	0	0	0	0	0	0	0	11
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 4	1	20	4	0	0	0	0	1	0	0	0	0	0	30
		4	45	^	C			•	0	0	0	C			20
PRIOR 2022 REPORTING YEAR TOTAL	L 2	1	15	9	0	0	0	2	0	0	0	0	0	0	29

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
	SECTION A – TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B – EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE														
OFS COMPANY ID		SECT	TON E	B – EMP	LOYE	R IDEN			AME						
AC16425					C	HICAG				OFFICE					
						ПОЛО				011101		OT A TEXT	1	7TD 00	· DE
ADDRESS	T 0TF	0000													
														6066	o1 
SECTION C - HI HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	JARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	FION (it	f applica	able)			
QP16083					HEAD	QUARTE				-LEVEL	NAME				
													1		
_		/EL ADE	DRESS												
2726 Rand	Road						INDI	IANAPO	JLIS			IN		4624	41
	SECTI	ON D -	- EMPl				TION N	UMBE	R (EIN	)					
	SECTION E – EMPLOYER FILING ELIGIBILITY le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
X YES (Employer Is Eligible	e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEC	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
<u></u>	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (I	Multi-Es	tablishn	ent Em	ployer is	Federa	l Contra	ctor)		
YES (F	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	ore Nor	ı-Headqı	arters E	Establish	ments i	s Federa	ıl Contra	actor)			
	423					INFOR Jsed) M			salers						
						DEMO									
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino					
	or La	atino		1	IV	lale	1				Fen	nale	1		-
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		can		Native Hawaiian or Other Pacific Islander	an or /e	Two or More Races	Row
JOB CATEGORIES	ø	ale	ē.	Black or African American	<u> </u>	vaiia c Isla	nerican Indian Alaska Native	re R	te	Black or African American	Ę	vaiia c Isl	American Indian Alaska Native	re R	Total
	Male	Female	White	or	Asian	Hay	kal	Mo	White	Black or an Amer	Asian	Hav	an   ka I	Mo	
		ш.		ack	,	i Ve	eric	o or		B		i Ve	eric	o or	
				≅		Nat	Am	×		Αŧι		Nat	Am	×	
								•							
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

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMI LOTEKTIV	I OKWI	AHO	N KE	OKI (.		Expi	ation Dat	e: 11/30/	2026						
			-	-				:T							
		SECT	ION E	– EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID									AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
	от отг	2000													
500 W MADISON														6066	וֹס
	EADQU	JARTE	RS OR	<b>ESTAB</b>	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ						NAME				
QP17401						AD	P Defa	ult - Ch	nicago	L					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DDE
500 W Madison S	St Ste 28	800					С	HICAG	0			IL		6066	61
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)					
	,	SECTIO	ON E				FLIGI	RILITY	v						
VFS (Employer Is Eligibl										NO LON	VCED I	N BLIS	INIECC		
											IGER I	пов	INESS		
SE	CTION							FION (i	if applic	able)					
_			-												
☐ YES (Single-Establishr	nent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
	1							_					,		
						_			iments 1	s Federa	i Contra	actor)			
	422								colore						
	423 SE	CTION	JH – V	VORKE	ORCE	DEMO	CRAPE	HC DA	TA						
	<u> </u>	201101	111 /	VOKKI	OKCE										1
	Hier	anic								atino					
					М	ale	NOU	Пэрап	IIC OI L	auno	Fen	nale			•
	<u> </u>	<u> </u>				1									
						= =	_	က္		_		<u>= =</u>	_	က္	
				an		n o	n o	ခွ		San		o u	n o	ခွ	Da
JOB CATEGORIES		ø.		ri I		iia	dia	25		eric		iia	dia	25	Row
	Male	lale	ite	Şi Aţ	an	ic Va	Na Na	J.	ite	k c	an	ic Va	Na Na	J.	Total
	Ma	eπ	۲	o e	۸si	Ha	an Ka	Ĕ	₹	lac n A	۸si	E A	an ka	Ĕ	
		ш	_	A G		e g	ric as	ō	_	Gal Ba	_	e e	ric	ō	
				Bla		atiy	a F	9		fri		atiy	me Al	9	
				_		žŧ	₹	₽		1		žŧ	Ā	₽	
Executive/Senior Level Officials and Managers	0														0
First/Mid-Level Officials and Managers Professionals	0					_									0
Technicians	0	ADP Default - Chicago   L												0	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	CITY/TOWN   STATE   CIP COE													
Craft Workers	0						_								0
Operatives Laborers and Helpers	0						_								0
Service Workers	0					1									0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
DRIOD 2022 DEDORTING VEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2023 EMPLOYER IN	FORM	AHO	NKEI	OKI (											
								:T			•				
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID															
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	S1
			DC OD	ECT A D	T TOTTA	AENT I				TION (:4	£ 1:			-	•
HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKIL	KS UK	ESTAD	HEADO	HARTEI	RS OR ES	TABLIS	HMEN	T-LEVEL	NAME	ibie)			
QP16224						(									
HEADQUARTERS OR ESTABLISHM	ENT LEX	/EL ADE	DECC									CTATE		ZID.CC	DE
•		EL ADL	KE33												
7909 G Cess		ON D -	FMPI	OVER	IDEN	rifica'				)		טוא		2087	9
				9	952920	557				,					
X YES (Employer Is Eligible										NO LON	IGER I	N BUSI	NESS		
SE	CTION							ΓΙΟΝ (i	if applic	able)					
□ <b>V</b> (C) 1 E (1111	. F		_	-				. 1 1' 1	, F		г.				
YES (Single-Establishi	nent Emp	noyer is	Federa	I Contrac	ctor)	YES (F	viuiti-Es	tabiisnm	ient Em	pioyer is	redera	Contra	ctor)		
☐ YES (	Headqua	rters is I	Federal	Contrac	tor) 🔲	YES (N	lon-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
		S	ECTIO	N G - N	NAICS	INFOR	MATIO	N							
	SE	CHON	N H – V	VORKE	ORCE										
	Uion	ania	ı							atin a					
		anic atino			M	ale	NOt	Hispan	IC OF L	atino	Fen	nale			
	0, 2,				141	aic					1 61	laic			
				_		or der	ō	es		_		or der	ō	es	
				Black or African American		an	an o	ac		cal		an	an o	ac	Row
JOB CATEGORIES		<u>o</u>	as a	fric	u	ajis Isl	ndia ati	e R	as a	or	_	aiis Isl	ndi; ati	e R	Total
	Male	Female	White	r A	siaı	aw	n a	<u>0</u>	hit	ck Ar	sia	aw	a N	<u>0</u>	
	≥	Fe	≥	k o	Ä	E SE	ical	^ّ	≥	3la an	ĕ	ac ac	ical ska	^ّ	
				lac A		i k	Ala	0		ric		i F	٦er	0	
				В		Na the	An'	≥		¥		Na	An ,	≥	
						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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals Tachnisians	0	0	0	0											
Technicians Sales Workers	0	0	0	0											
Administrative Support Workers	0	0	0	0	CHICAGO										
Craft Workers	0	0	0	0											
Operatives	0	3	1	2			0								
Laborers and Helpers	0	0	0	0											
Service Workers	0	0	0	0											
CURRENT 2023 REPORTING YEAR TOTAL	0	3	1	2	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI E O TENTI	Expiration Date: 11/30/ SECTION A – TYPE OF REPORT													2026	
				TION A - BLISHM				T							
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (it Γ-LEVEL	fapplica	ıble)			
					HEADQ	-					NAME				
QP16565		TEX ADD	DEGG				ort Wal					OTT A TEN		TID CC	- DE
HEADQUARTERS OR ESTABLISHM 826-A Dento		EL ADL	DKESS			-	ORT W	TY/TOW		NLI		STATE FL		ZIP CC 3254	
O20-A Defile		ON D -	EMPI	LOYER	IDENT							I'L		3234	+1
					52920	557									
X YES (Employer Is Eligibl	e to File)	□NO	(Emple	oyer Is N	ot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUSI	NESS		
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
T MEG (G) 1 F 1 II 1	. 15			tity ID (U				. 1 11 1			F 1 1		. `		
☐ YES (Single-Establishr	-	•													
YES (	Headqua	rters is I	Federal	Contract	or)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (Or	ne or Mo	re Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	ctor)			
	423	S:	ECTIC	ON G - N ehicle P	NAICS	INFOR	MATIO	N Whole	calore						
				VORKF											
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	.atino					
	or La	atino		1 1	М	ale	l 1			1	Fen	nale			
JOB CATEGORIES				ican n		Native Hawaiian or Other Pacific Islander	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	Row
000 0/11 2001 1120	Male	Female	White	Black or African American	Asian	awai ific Is	nerican Indian Alaska Native	Nore	White	Black or	Asian	awai ific Is	nerican Indian Alaska Native	<b>l</b> ore	Total
	2	Fe	>	ck c	Ä	e H Pac	rica ask	٥٠	>	Bla	Ä	ле Н Рас	rica ask	٥٠	
				Bla		Nativ	Ame	ΔMO		Afri		Nativ	Ame Al	ΔM	
								-							
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 Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
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 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-1	I COM	PONE	NT 1)							
								T.							
		SECT	TION B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID															
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	S1
SECTION C - H	EADOL	ARTE	RS OR	ESTAB	LISHN	/ENT-I	EVEL	IDENT	IFICA'	TION (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	2.12 Q C														
QP17038							Las '	Vegas I	NV						
HEADQUARTERS OR ESTABLISHM	ENT-I EV	/FL ADI	RESS									STATE		ZIPCC	DE
4129 West Dese			TULDD												
4123 West Desc												140		0010	,,,
	SECTI	ON D -	- EMPI				TION N	UMBE	R (EIN	)					
	:	SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	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): Not Applicable														
SF	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
☐ VES (Single-Establish	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
<del>_</del> · · ·	Unique Entity ID (UEI): Not Applicable nment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (	Headqua	rters is l	Federal	Contrac	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Fedei	ral Contr	ractor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
		S	ECTIO	N G - 1	NAICS	INFOR	MATIO	N							
	SE	CTION	V H – V	VORKF	ORCE										1
								-	•						
						-1-	Not	Hispan	ic or L	atino.					
	or L	atino		1	IVI	ale				1	Fer	nale	1	1	
						or der	or	S		_		or der	ō	se	
				can		an	an	ac		ical		an	ve an	ac	Row
JOB CATEGORIES	4	<u> </u>	o o	ıfri	u	ajië Isl	ati	e E	o o	or	_	aii si	ndi; ati	e E	Total
	la le	⊒a ⊒a	hiţ	or A	sia	a iii a	a n	<u>5</u>	Ţ.	ck An	sia	a ific	a z	o	
	2	Ъ	>	k c	Ÿ	E SE	ica Isk	~	>	Bla an	Ä	9 H	ica	2	
				lac /		er f	ner Ala	0		ric		er f	ner Ala	0	
				В		P S	An ,	≥		Æ		F a	An ,	≥	
								-				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 Technicians		SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL CORPORATE OFFICE  CITY/TOWN STATE ZIP COE  CHICAGO IL GOOR  CHICAGO IL GOOR  STE 2800 CHICAGO IL GOOR  CHICAG													
Technicians Sales Workers															
Administrative Support Workers															0
Craft Workers															0
Operatives	2	0	2	0	0	0	0	0	0	0	0	0	0	0	4
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers		SECTION A - TYPE OF REPORT													
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	2	0	2	0	0	0	0	0	0	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	Expiration Date: 11/30/2 SECTION A – TYPE OF REPORT													2026	
				TION A BLISHN				rT.							
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	IAME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	Ю			IL		6066	61
SECTION C - 1	IEADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
EB30125								rt Lea I			1		1		
HEADQUARTERS OR ESTABLISH		EL ADE	DRESS					TY/TOV				STATE		ZIP CC	
21647 785th								BERT L				MN		5600	)7
					52920	557				)					
X YES (Employer Is Eligib	SECTION E – EMPLOYER FILING ELIGIBILITY  le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
S	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
		Uni	ique En	tity ID (	UEI):	Not App	olicable		• • •						
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contrac	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
□ vec	(Headqua	utana ia I	Fodomol	Contra	tom) [	VEC (N	Ion Hoos	lanamtam	n Establ	ichmont	ia Fadan	ol Contr	o otom)		
LIES	пеацциа							_					actor)		
				ne or Mo					ıments i	s Federa	l Contra	actor)			
	423 <sup>-</sup>	.S 140 - M	otor V	ON G - N ehicle P	NAICS arts (U	INFOR Ised) M	MATIO erchant	N Whole	salers						
				VORKF											
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	nic or L	atino.					
	or La	atino			М	ale					Fen	nale			
				n		Native Hawaiian or Other Pacific Islander	or	ses		ın		Native Hawaiian or Other Pacific Islander	or	ses	
JOB CATEGORIES				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	Row
JOB GATEGORIES	<u>o</u>	Female	ţ	ck or Afrio American	E Z	kai C Is	Ind	re	te	Black or	an	vai c Is	Ind	<u>ē</u>	Total
	Male	E I	White	or Jer	Asian	Ha Cifi	an ka	Mo	White	acl	Asian	E Ha	an ka	₽	
		Ľ	_	A P	•	Pa	rica	or	_	Bl	1	Pa Pa	rica	ō	
				Bla		ati	m Al	٧o		Λfri		atiy	m Al	٥	
						₹	4	ŕ		`		ΣĒ	⋖	ŕ	
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	4	0	0	0	1	0	0	0	0	0	0	0	5
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	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 Operatives	1	0	5 6	0	0	0	0	0	0	0	0	0	0	0	6 9
Laborers and Helpers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA		0	20	0	1	0	2	0	1	0	0	0	0	0	25
PRIOR 2022 REPORTING YEAR TOTA	ı 1	0	17	0	1	0	1	0	1 1	0	0	0	0	0	21

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

500 W MADISON ST STE 2800

EEOC Standard Form 100 (SF 100) Revised 08/2023

ш

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

60661

ZIP CODE

79423

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425

CHICAGO IL - CORPORATE OFFICE

ADDRESS

CITY/TOWN
STATE
ZIP CODE

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

HQ/ESTABLISHMENT-LEVEL UNIT ID

EB31032 HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Lubbock TX

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE

1411 South Loop 289 LUBBOCK TX

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

952920557

#### SECTION E - EMPLOYER FILING ELIGIBILITY

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

#### ${\bf SECTION}\ {\bf F-FEDERAL}\ {\bf CONTRACTOR}\ {\bf DESIGNATION}\ ({\bf if\ applicable})$

Unique Entity ID (UEI): Not Applicable

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

**CHICAGO** 

#### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	4	1	4	2	0	0	0	1	1	0	0	0	1	0	14
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	0	6	2	0	0	0	1	1	0	0	0	0	0	13
Laborers and Helpers	3	0	1	2	0	0	0	1	0	0	0	0	0	0	7
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	10	1	16	6	0	0	0	3	3	0	0	0	1	0	40
PRIOR 2022 REPORTING YEAR TOTAL	10	1	15	3	0	0	0	4	2	0	0	0	1	0	36

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	Expiration Date: 11/30/ SECTION A – TYPE OF REPORT													2026	
				TION A -				:T			•				
		SECT	'ION E	B – EMP	IOVE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	TON	, — 151VII	LOIL	K IDEA		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - 1	HEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA	ΓΙΟΝ (if	applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME				
EA15770							Ke	arny N	J						
HEADQUARTERS OR ESTABLISH		EL ADE	RESS					TY/TOW				STATE		ZIP CO	
40 Weste	rn Rd.						K	EARN'	Y			NJ		0703	32
	SECTI	ON D -	EMPI	LOYER	IDEN'		TION N	UMBE	R (EIN	)					
V voc. c 1 1 EV 1				EMPL	OYER	FILING				NO LON	ICED I	INI DIJICI	DIEGG		
X YES (Employer Is Eligib											(GER I	IN BUS	INESS		
S	ECTION	F – FEI Uni	DEKAI ique En	L CONT	IRACT UED:	OR DE	SIGNA: dicable	TION (1	if applic	able)					
YES (Single-Establish	ment Emr							tablishm	ent Em	nlover is	Federa	l Contra	ctor)		
_ , ,	-	•													
LYES	(Headqua							_					actor)		
									ments i	s Federa	l Contra	actor)			
	423	S 140 - M	otor V	ON G - N ehicle P	NAICS	INFOR	MATIO erchant	N Whole	salers						
				VORKF		DEMO	GRAPH	IIC DA	TA						
			1				Race/E		,						
		anic atino			M	lale	Not	Hispan	ic or L	atino	Fon	nale			
	0, 2,	atimo			141	laic					I CII	liaic			
				_		or der	ō	es		ء		or der	ō	es	
JOB CATEGORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	<u>o</u>	ale	ţ.	ck or Afric American	иĸ	vaii	Indi	ē	ţe.	Black or	Ę	vaii c Is	Indi	ē	Total
	Male	Female	White	or	Asian	E H	an ka I	₽	White	lack n A	Asian	Hay	an ka I	₽	
		Ľ.	_	A P	•	P e	eric las	ō		E B	•	- e	eric las	ō	
				Bla		lati	me Al	۸o		Afri		lati	me Al	۸o	
						2 g	4	-				<b>∠</b> 8	4	-	
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	3	1	0	0	0	1	0	0	0	0	0	1	8
Professionals	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	0	5	0	1	0	0	0	0	0	0	0	0	0	8
Administrative Support Workers	0	1	0	0	0	0	0	0	0	1	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	10 14	1	6	6	0	0	0	1	0	0	0	0	0	0	19 22
Laborers and Helpers Service Workers	14	0	0	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2023 REPORTING YEAR TOTA		3	14	9	1	0	0	3	0	1	0	0	0	1	61
COMMENT 2020 NEI ONTING TEAR TOTA		, ,	17	9		, , , , , , , , , , , , , , , , , , ,	v		v	'	<u> </u>		v		01
PRIOR 2022 REPORTING YEAR TOTA	<u>L</u> 23	2	9	7	0	1	0	3	0	1	0	0	0	1	47

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

	QUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  SECTION A – TYPE OF REPORT													orm 100 08/2023 mber: 30- e: 11/30/	46-0049
			ESTA	BLISH	/ENT-l	LEVEL	REPOF	RT							
		SECT	TON B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID					_			OYER N							
AC16425					C	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S	ST STE	2800					С	HICAG	Ю			IL		6066	61
SECTION C - H	EADQU	JARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
JB60392						Eau	Claire	WI - Sr	mart Pa	arts					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				C	TY/TOV	VN			STATE		ZIP CO	DDE
125-C North Clairn														5470	03
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ïle)	EMPL	OYER	NO LO	IGER I	IN BUSI	NESS		
SE	CTION			L CONT				TION (	if applic	able)					
☐ YES (Single-Establishm	1	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es			1 2					
YES (I	Headqua							-					actor)		
									ments i	s Federa	l Contra	actor)			
	423			ON G - I ehicle F					salers						
				VORKE											
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispar	ic or L	.atino					
	or L	atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	ack or African American	Asian	ve Hawaiian or r Pacific Islander	erican Indian or Iaska Native	or More Races	White	Black or ican American	Asian	ve Hawaiian or r Pacific Islander	erican Indian or Iaska Native	or More Races	Row Total
	Σ	Fel	>	ack o	Ą	ive H	erical	or N	>	Bla ican	Ř	ve H	erical	or M	

							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					1
	or L	atino			М	ale		-			Fen	nale			1
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
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 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
		1													
PRIOR 2022 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENT EO TEXT	\1 O14.1		· · · · · ·	0111 (	LLO .	1 00111	1 01 (12)	. ()		Expiration Date: 11/30												
				TION A BLISHN				rT.														
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION														
OFS COMPANY ID							EMPL	OYER N	AME													
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE												
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DDE							
500 W MADISON								HICAG				IL		6066	51							
SECTION C – F HQ/ESTABLISHMENT-LEVEL UNIT ID	<u>iEADQU</u>	ARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (it Γ-LEVEL	f applica	ıble)										
GA30936					пеарс	-	wn PA-				NAME											
HEADQUARTERS OR ESTABLISHN	MENT-I EV	/FI ADD	DRESS			711101110		TY/TOV				STATE	1	ZIP CC	DE							
2301 Unio		LL ADL	KLSS					ENTO				PA		1810								
		ON D -	EMPI	LOYER						)												
	952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS																					
X YES (Employer Is Eligib	le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)																					
SI	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable																					
_																						
☐ YES (Single-Establish:	chment Employer is Federal Contractor)																					
☐ YES																						
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)																					
	YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers																					
				VORKE																		
							Race/E															
	Hisp						Not	Hispan	ic or L	atino.												
	or La	atino			М	ale	<b>i</b> i			1	Fen	nale										
				can		Native Hawaiian or Other Pacific Islander	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	Row							
JOB CATEGORIES	<u>e</u>	ae	te	Black or African American	Ę	vaii c Isl	nerican Indian Alaska Native	re R	te te	c or meri	E.	vaii c Isl	nerican Indian Alaska Native	ē R	Total							
	Male	Female	White	or	Asian	Hay	an ka I	Mo	White	Black or	Asian	Hay	an ka l	€								
		ш.		ack Ar		i Pe	eric	o or		B	,	i ve	eric	ō								
				B		Nat	Am	Τwc		Af		Nat	Am	ĕ								
Function (Continue) Official																						
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	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	1	0	1	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	0	0	0	0	0	0	0	0	0	0	0	0	0							
Operatives	1	0	1	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 2023 REPORTING YEAR TOTAL	_ 2	0	3	0	0	0	0	0	0	0	0	0	0	0	5							
PRIOR 2022 REPORTING YEAR TOTAL	3	0	2	0	0	0	0	0	0	0	0	0	0	0	5							

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REF	ORT (	EEO-1	COM	PONE	NT 1)					ontrol Nu ration Dat		
						E OF RI									
			ESTA	BLISHN	∕IENT-l	_EVEL I	REPOR	T.							
		SECT	TION B	-EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C – HI			RS OR	ESTAB	LISHN	1ENT-L				ΓΙΟΝ (it	f applica				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME				
QP16433							Sava	annah (	GA						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
3620 Ogeeche	e Road	l					SA	VANN	AH			GA		3140	)5
	SECTI	ON D -	- EMPI		IDENT 952920	TIFICA' 557	TION N	UMBE	R (EIN	)					
	5	SECTIO	ON E –	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS		
SEC	CTION	F – FEI	DERAI	CONT	TRACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
-						Not App			11	,					
☐ YES (Single-Establishm	shment Employer is Federal Contractor) <b>YES</b> (Multi-Establishment Employer is Federal Contractor)														
	S (Headquarters is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES (F															
		□ Y	ES (Or	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
	400					INFOR									
						sed) M									
	SE	CHON	N H – V	VORKE	ORCE	DEMO									
	Llion	anic					Race/E			atin a					
		atino			М	ale	NOL	Hispan	IC OI L	auno	Fer	nale			
	0. 5				141						1 61	liaic			
JOB CATEGORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
	Male	Female	White	ck or Afric American	Asian	wa	Na Na	ore	White	Black or an Amer	Asian	wa Ic I	S E	ore	Total
	Ĕ	e.	×	ror	Asi	Ha acif	san ska	Ĕ	×	lac n A	Asi	Ha acii	ika ka	Ĕ	
				ack		δg	eric	ō		B		ě ď	eric	ō	
				Bi		lati he	ğΥ	۸o		Afr		lati	۶₹	WO	
						<b>∠</b> 8	4	-				~ 8	4	-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	2					0	2	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTAL	U	U	2	0	0	0	0	U	2	U	U	U	U	U	4

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100)

•	LOYMENT OPPORTUNITY C INFORMATION REPORT (EE	` /	OMB Cont	vised 08/2023 rol Number: 3046-0049 on Date: 11/30/2026							
		YPE OF REPORT	•								
	ESTABLISHMEI	NT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425		CHICAGO IL - CORPORATE OFFICE									
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE							
500 W MADISO	IL	60661									
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ſΕ								
QP17381		Lubbock TX - Earl Owens									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
509 East 4	2nd Street	LUBBOCK	TX	79404							
		ENTIFICATION NUMBER (EIN) 920557									
	SECTION E – EMPLOY	ER FILING ELIGIBILITY									
X YES (Employer Is Elig	gible to File) NO (Employer Is Not	Eligible to File)	R IN BUSIN	ESS							
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : Not Applicable									
☐ YES (Single-Establi	☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)										
☐ YE	☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)										
	YES (One or More	Non-Headquarters Establishments is Federal Con	ntractor)								

SECTION G – NAICS INFORMATION
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H – WORKFORCE DEMOGRAPHIC DATA

	51	201101	, ,	· OIGH	ONCE	DEMIO									
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	2	1	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	0	2	1	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

U.S. EQUAL EMPLO 2023 EMPLOYER IN			N REP	ORT (	EEO-	1 COM	PONE	NT 1)				OMB Co	andard F Revised ontrol Nu ation Dat	08/2023 mber: 30-	46-0049
						E OF R									
		SECT	TON B	– EMP	LOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	0 IL - 0	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	51
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	<b>UARTE</b>				Γ-LEVEL	NAME				
X245708								anta G							
HEADQUARTERS OR ESTABLISHM												STATE		ZIP CC	
1700 Westgate P	e Parkway Sw ATLANTA											GA		3033	36
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
	;	SECTIO	ON E –	EMPL	OYER	FILING	ELIG	BILIT	Y						
X YES (Employer Is Eligible	e to File)	□ NO	(Emplo	yer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LON	IGER I	IN BUSI	NESS		
SE	CTION					OR DE			if applic	able)					
YES (Single-Establishn	nent Emp		-						nent Em	ployer is	Federal	l Contra	ctor)		
YES (	Headaua	rters is l	Federal	Contrac	tor)	YES (N	Jon-Hea	dauarter	s Establ	ishment i	is Feder	al Contr	actor)		
	1				. —			-		s Federa			,		
	400					INFOR									
								Whole							
	SE.	CHO	111 - 11	OKKI	OKCE	DEMIC		thnicit							
	Hisp	anic						Hispan		atino					
		atino			M	lale					Fen	nale			
JOB CATEGORIES	Male	emale	Vhite	or African nerican	lsian	lawaiian or cific Islander	an Indian or ca Native	More Races	Vhite	ack or American	sian	ławaiian or cific Islander	an Indian or ka Native	More Races	Row Total
	l≝	<u> </u>	5	o je	S	급	aa l	Ĭ	5	ac	S	등 후	an	ž	

							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	1	0	4	3	0	0	0	1	3	2	0	0	0	0	14
Professionals	1	0	1	0	0	0	0	0	3	0	0	0	0	0	5
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	1	9	2	0	0	0	1	1	1	0	0	0	1	18
Administrative Support Workers	0	3	1	1	0	0	0	1	8	6	0	0	0	1	21
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	5	22	1	0	1	2	1	5	0	0	0	2	40
Laborers and Helpers	11	3	4	40	0	0	0	7	1	5	2	0	0	1	74
Service Workers	0	0	1	0	0	0	0	0	4	1	0	0	0	0	6
CURRENT 2023 REPORTING YEAR TOTAL	16	7	26	68	1	0	1	12	21	20	2	0	0	5	179
PRIOR 2022 REPORTING YEAR TOTAL	9	0	25	42	0	0	1	5	9	6	1	0	1	3	102

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	INFORMATION REPORT (EF	CO-1 COMPONENT 1)		ol Number: 3046-0049 n Date: 11/30/2026							
	SECTION A - T	TYPE OF REPORT									
	ESTABLISHME	NT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425		CHICAGO IL - CORPORATE OFFICE									
ADDRESS CITY/TOWN STATE ZIP											
500 W MADISO	IL	60661									
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
EB30841		Tulsa OK - Self Service									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
3112 N	Peoria	TULSA	OK	74106							
		ENTIFICATION NUMBER (EIN)									
	952	2920557									
	SECTION E – EMPLOY	ER 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5E	CHON	1 H – V	VORKE	ORCE	DEMO	GKAPI	HC DA	TA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	1	1	1	0	0	0	0	0	0	0	0	1	0	6
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	2	0	8	0	0	0	0	2	0	0	0	0	0	0	12
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 2023 REPORTING YEAR TOTAL	6	1	11	1	0	0	0	2	0	0	0	0	1	0	22
PRIOR 2022 REPORTING YEAR TOTAL	4	2	4	1 WODK	0	0	0	2	0	0	0	0	1	0	14

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

	U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  SECTION A – TYPE OF REPORT													08/2023 mber: 30- e: 11/30/	46-0049
						LEVEL I									
OFFIC COLUMN IN THE		SECT	TON B	– EMP	LOYE	R IDEN			(A.) (E)						
OFS COMPANY ID AC16425					0	LUCAC		OYER N		OFFICE					
						HICAG				JFFICE					
ADDRESS								TY/TOW				STATE		ZIP CC	
500 W MADISON S								HICAG				IL		6066	S1
SECTION C – HE HO/ESTABLISHMENT-LEVEL UNIT ID	CADQU	ARTE	RS OR	ESTAB						<b>FION</b> (if T-LEVEL		able)			
FM66351					HEADQ	UAKTEI		arillo T		-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	DRESS				Cl	TY/TOW	VN			STATE		ZIP CC	DE
3931 Canyo	n Dr						Al	MARILL	_0			TX		791	10
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA'	TION N	UMBE	R (EIN	)					
	9	SECTIO	ON E –				ELIGI	RILITY	V						
X YES (Employer Is Eligible	SECTION E – EMPLOYER FILING ELIGIBILITY  ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
SEC	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
YES (Single-Establishmo	ent Emp		_	-				tablishm	nent Em	ployer is	Federal	l Contra	ctor)		
YES (H	•	•													
125(11	cuaquu					,		•		s Federa			uctor)		
	4231					INFOR			ealare						
						DEMO									
							Race/E	thnicit	у						
	Hisp						Not	Hispan	ic or L	atino					
	or La	atino			М	ale	I				Fen	nale			
JOB CATEGORIES	Male  Female  White Black or African American Native Hawaiian or Other Pacific Islander							Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid Layol Officials and Managers	Λ.	Λ		· ·		1 A		<b>O</b>			Λ		Λ .	<b>O</b>	

SECTION I - WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	INFORMATION REPORT (EI	EO-1 COMPONENT 1)		on Date: 11/30/2026								
	SECTION A - T	TYPE OF REPORT										
	ESTABLISHME	NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425		CHICAGO IL - CORPORATE OFFICE										
ADDRESS CITY/TOWN STATE ZIP CODE												
500 W MADISON ST STE 2800 CHICAGO IL 60661												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
EV23801		Randolph MA - Kwik-PBE										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
128 Yo	ork Ave	RANDOLPH	MA	02368								
		ENTIFICATION NUMBER (EIN)	•									
		2920557										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
VEC (Employer In Elia	rible to Eile) NO (Employer Is Not	Elicible to Elle) TEMPLOVED NO LONCE	D IN DISCINE	700								

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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	DI.	C1101	111 /	VOKKI	ORCE			thnicity							
			,												
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	1	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	2	0	0	0	0	3	0	0	0	0	0	0	6
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	4	0	0	0	0	0	0	0	0	0	0	0	4
Laborers and Helpers	1	0	1	1	0	0	0	2	0	0	0	0	0	0	5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	0	9	2	0	0	0	5	0	0	0	0	0	0	18
PRIOR 2022 REPORTING YEAR TOTAL	2	0	10	1	0	0	0	2	0	0	0	0	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

#### 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EV91002 El Paso TX - Ace HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 13300 Montana Avenue **EL PASO** 79938 TX SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 4 0 5 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 SECTION I - WORKFORCE SNAPSHOT PERIOD

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

2

0

2

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

n

0

3

14

21

0

56

42

2

0

12

19

11

0

48

0

0

0

0

0

2

1

0

0

0

0

0

0

0

0

0

0

12/10/2023 - 12/23/20

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

Sales Workers

Craft Workers

Service Workers

Operatives Laborers and Helpers

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

U.S. EQUAL EMPLO 2023 EMPLOYER IN												OMB Co	andard F Revised ontrol Nu ation Da	08/2023 mber: 30	46-0049
			ESTA	TION A BLISHN	ΛΕΝΤ-I	LEVEL	REPOF	RT							
070 001 70 1171 70		SECT	TION B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID					_			OYER N		055105					
AC16425					C	HICAG	O IL - C	URPU	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S	ST STE	2800					C	HICAG	0			IL		6066	61
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
QP16510								rham N							
HEADQUARTERS OR ESTABLISHM			DRESS					ITY/TOV				STATE		ZIP CC	DDE
2415 Presidential Dr	<u>'</u>											NC		2770	03
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
	;	SECTION	ON E -	EMPL	OYER	FILIN(	G ELIG	BILIT	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	IGER I	IN BUSI	NESS		
SE	CTION								if applic	able)					
			-	tity ID (											
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federal	l Contra	ctor)		
YES (I	Headqua	rters is l	Federal	Contrac	tor)	YES (N	Von-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqı	uarters E	Establish	ments i	s Federa	l Contra	actor)			
				)N G - 1											
				ehicle F VORKE											
	SE	CHON	N H – V	VOKKE	ORCE		Race/E								l
	∐ien	anic						Hispar	•	atino					
	or La				M	ale	NOL	ilispai	lic or L	atino	Fen	nale			
															1
				_		e e	ō	es		_		o de	ō	es	
100 0475000150				car		an Jan	an	ac		<u>ic</u>		an Jan	an	\ac	Row
JOB CATEGORIES	a	<u>e</u>	e)	Afri	_	/aii	ndi. Iati	ė.	ė	or	_	/aii:	ndi. Iati	ė.	Total
	Male	Female	White	k or African merican	Asian	Hawaiian or acific Islandeı	can Indian or ska Native	r More Races	White	3lack or an American	Asian	Hawaiian or acific Islandeı	can Indian or ska Native	More Races	
	1	Ľ	_	マミ	•	1 Z G	<u> s</u>	-	_	<u> </u>	~	_ ~ ~	<u></u>	_	

							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	4	2	0	0	0	0	0	0	0	0	0	0	6
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 2023 REPORTING YEAR TOTAL	0	0	4	2	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLO 2023 EMPLOYER IN													andard F Revised ontrol Nu ation Dat	08/2023 mber: 304	16-0049
						E OF RI		:T			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADQU	ARTEI	RS OR	ESTAB								ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMENT	T-LEVEL	NAME				
EB31813							Trave	rse City	y MI						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
327 E Welch	Court						TRAV	ERSE	CITY			MI		4968	36
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER EILING ELICIBILITY														
	952920557 SECTION E – EMPLOYER FILING ELIGIBILITY														
SE	CTION	F – FEI Uni	<b>DERAI</b> ique En	L CONT tity ID (	TRACT UEI):	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
YES (Single-Establishm	ent Emp							tablishm	nent Em	ployer is	Federal	l Contra	ctor)		
YES (I	Headqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)		
									ments i	s Federa	l Contra	actor)			
	423					INFOR			salers						
						DEMO									
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			IVI	ale					ren	nale			
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
				_		žŧ	₹	7				žŧ	₹	2	

	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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	6	0	0	0	0	0	0	0	0	0	0	0	6
Laborers and Helpers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	11	0	0	0	0	0	0	0	0	0	0	0	11
PRIOR 2022 REPORTING YEAR TOTAL	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INI	FORM	ATIO	N REI	ORT (	EEO-1	I COM	PONE	NT 1)					ontrol Nu ration Dat		
				TON A				T.			Į.				
		SECT		B – EMP											
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	0 IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	S1
SECTION C - HI	EADQU	ARTE	RS OR									able)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					T-LEVEL	NAME				
JB60471							Colonia	l Heigh	its VA						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
1984 Ruffin N	III Rd						COLON	IIAL HE	EIGHTS	3		VA		2383	34
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)	,		•		
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Ÿ						
X YES (Employer Is Eligible										NO LOI	IGER I	IN BUSI	INESS		
				L CONT											
		Uni	ique En	tity ID (	UEI):	Not App	licable	(	TI	,					
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contrac	ctor)	YES (	Multi-Es	tablishm	nent Em	ployer is	Federa	1 Contra	ctor)		
YES (H	- Ieadana	rters is I	Sederal	Contrac	tor)	VES (N	Ion_Head	lanarter	e Fetabl	ishment	is Feder	al Contr	actor)		
	icauquai							•					actor)		
				ne or Mo					ments 1	s Federa	I Contra	actor)			
	4231			ON G - N ehicle P					salers						
				VORKF											
							Race/E	thnicity	y						
		anic				_	Not	Hispan	ic or L	atino		_			
	or La	atino		1	M	ale	l 1			1	Fer	nale	1		
				u <sub>E</sub>		Native Hawaiian or Other Pacific Islander	or e	Two or More Races		an		Native Hawaiian or Other Pacific Islander	e e	Two or More Races	
JOB CATEGORIES		Φ	_	Black or African American	_	iiiar Isla	American Indian or Alaska Native	Ra		Black or African American	_	Native Hawaiian Other Pacific Islan	American Indian or Alaska Native	Ra	Row Total
	Male	Female	White	r Af	Asian	fic awa	i i	ore	White	k G	Asian	fic	<u> </u>	ore	I Olai
	Σ	Fer	⋝	ck or Afric American	As	Ha aci	icar ska	Σ	⋝	Black or	As	H Ha	icar ska	Σ	
				lac		tive er F	neri Ala	0		fric		tive er F	neri Ala	0	
				ш		S a	An	≥		¥		S a	Ā	≥	
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	<u>0</u>
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	1	3	1	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers	0	0	2	1	0	0	0	0	0	0	0	0	0	0	3

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Service Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMPLOYER IN	FORM	AHO	N KEI	OKI (	EEO-	COM	PONE	N1 1)					ration Dat		
			-	TION A - BLISHN				:T							
		SECT	TON E	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/NI			STATE		ZIP CC	DE
500 W MADISON S	т стг	2000						HICAG							
												IL		6066	וֹס
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMEN	Γ-LEVEL	NAME				
QP16455							Colu	ımbia S	SC						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
220 ONeil (	Court						CC	DLUMB	BIA			SC		2922	23
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	D					
		OF OFT	NI E		952920		TT TOT	DII ITY	. 7						
				EMPLO											
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SEC	CTION			L CONT				ΓΙΟΝ (i	if applic	able)					
		Uni	ique En	tity ID (	UEI):	Not App	licable								
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federal	l Contra	ctor)		
	_	-													
YES (I	1eadqua	rters is i	rederai	Contract	tor)	YES (N	on-Head	iquarter	s Establ	isnment	is Feder	ai Conti	ractor)		
		$\square$ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
		S	ECTIO	N G – N	NAICS	INFOR	MATIO	N							
	4231	140 - M	otor V	ehicle P	arts (U	lsed) M	erchant	Whole	salers						
	SE	CTION	V H – V	VORKF	ORCE										
							Race/E		•						
		anic					Not	Hispan	ic or L	.atino					
	or La	atino		1 1	М	ale				1	Fen	nale			
						r je	<u>-</u>	S				r je	7	S	
				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	Row
JOB CATEGORIES		ø	_	iric an	_	aiia Isla	dia ativ	ě	_	or eric	_	ajia Isla	dia ativ	25	Total
	Male	Female	White	ck or Afric American	Asian	ij 🦠	nerican Indian Alaska Native	ore	White	Black or an Amer	Asian	i	nerican Indian Alaska Native	ore	Iolai
	Ĕ	e.	₹	ne c	As	Ha aci	san	Š	Ĭ	lac n A	As	E Ha	san	Š	
		۳.		A Sc		δĢ	eric Jas	ō		B S		δĢ	eric Jas	ō	
				ä		ati he	ΨΨ	8		Afr		ati he	ğ 4	8	
						z g	٩	<b>-</b>		,		z g	٩	<b>-</b>	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0		0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	0	0	0	1	0	0	0	0	0	0	0	3
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 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	1	0	0	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`								Expir	ation Dat	e: 11/30/	2026
				TION A BLISHN				т							
		SECT		B – EMP											
OFS COMPANY ID		SECI	ION D	- ENIP	LUIE	KIDEN		OYER N	AME						
AC16425					С	HICAG				OFFICE	<b>=</b>				
ADDRESS	-						CI	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - 1	IEADOL	ARTE	RS OR	FSTAR	I ISHN	/FNT_I	EVEL	IDENT	IFICA'	TION (i	f applies	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	AKIL	NO OK	ESTAD	HEADO	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME	uoic)			
X245652					Ì	-	ontana								
HEADQUARTERS OR ESTABLISH	MENT-LEV	/FL ADI	RESS					TY/TOV				STATE		ZIP CC	DF
15895 Valley Bh			TCLOD					NTAN				CA		9233	
Teese valley E.			FMPI	LOYER	IDENT	rific A'				)				0200	
				9	952920	557				,					
X YES (Employer Is Eligib				EMPLO Oyer Is N						NO LOI	NGER I	IN BUSI	INESS		
	ECTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA'								
		<u>Un</u> :	ique En	tity ID (	<u>UEI)</u> :	Not App	licable								
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	(Headqua	rters is l	Federal	Contrac	tor)	YES (N	Ion-Head	lguarter	s Establ	ishment	is Feder	al Contr	actor)		
_	` 1				. —			•		s Federa			,		
				)N G -1					illicitts i	s i cucia	ii Coliu	actor)			
	423			ehicle P					salers						
				VORKE											
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale				1	Fer	nale	1		
				⊆		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		an		Native Hawaiian or Other Pacific Islander	p 0	Two or More Races	
JOB CATEGORIES				Black or African American		ian	American Indian or Alaska Native	Ra		Black or African American		ian	American Indian Alaska Native	Ra	Row
OOD OATEOORIES	O	Female	Ę.	ck or Afrio American	Ę	kai C Is	Ind	e_	ţe.	Black or an Amer	Ę	vai c Is	lat Aat	ē	Total
	Male	Ĕ	White	or,	Asian	ej ja	an	Nο	White	ack A	Asian	da C≓i	an L	9	
	_	Ľ.	>	Am Am	<	e F	ica	ıı	>	Bla	<	e F	Sk Sk	-	
				ilac		ti er l	ner Ala	0,0		fric		er l	Ag	Õ	
				ш		N E	An	≥		¥		P S	An	I≱	
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	2	1	1	0	0	0	1	1	0	0	0	0	0	1	7
Professionals	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	3	0	0	0	0	0	0	0	0	0	0	0	0	0	11
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	17	0	0	1	0	0	0	1	0	0	0	0	0	0	19
Laborers and Helpers	12	2	4	0	0	2	0	1	0	0	0	0	0	0	21
Service Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
CURRENT 2023 REPORTING YEAR TOTA	L 35	7	6	2	0	2	1	4	3	0	0	0	0	1	61
												<u> </u>			
PRIOR 2022 REPORTING YEAR TOTA	<u>L</u> 27	4	4	3	1	2	1	4	3	0	0	0	0	1	50

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

			Expiratio	on Date: 11/30/2026										
	SECTION A - T	TYPE OF REPORT												
	ESTABLISHME	NT-LEVEL REPORT												
	SECTION B - EMPLO	OYER IDENTIFICATION												
OFS COMPANY ID		EMPLOYER NAME												
AC16425		CHICAGO IL - CORPORATE OFFICE												
ADDRES	S	CITY/TOWN	STATE	ZIP CODE										
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661										
SECTION C -	SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)													
Q/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME														
PA92663		Deerfield Beach FL - KAO Logistics												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE										
1901 Gre	en Road	DEERFIELD BEACH	FL	33064										
		ENTIFICATION NUMBER (EIN) 2920557												
	SECTION E – EMPLOY	ER FILING ELIGIBILITY												
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINE	ESS										
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : Not Applicable												
☐ YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Feder	eral Contractor	r)										
☐ YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fed	deral Contract	or)										

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

SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5E	CHOP	(H – V	VORKE	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	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	1	0	0	0	0	0	0	1
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	1	0	0	0	0	0	1	0	0	0	0	0	3
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	1	0	1	5	0	0	0	1	0	0	0	0	0	0	8
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 2023 REPORTING YEAR TOTAL	2	0	3	5	0	0	0	2	1	0	0	0	0	0	13
PRIOR 2022 REPORTING YEAR TOTAL	1	0	2	5	0	0	0	1	0	0	0	0	0	1	10

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INF	ORM	[ATIO]	N REI	PORT (	EEO-1	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
			SECT	TION A	– TYPI	E OF RI	EPORT				<u> </u>				
				BLISHN											
OFS COMPANY ID		SECT	ION B	B – EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					C	шеле				OFFICE					
						TIICAG				OFFICE	-				
ADDRESS								TY/TOW				STATE		ZIP CC	
500 W MADISON S								HICAG				IL		6066	51
SECTION C - HE	ADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
QP16334								River N							
HEADQUARTERS OR ESTABLISHME		EL ADD	RESS					TY/TOW				STATE		ZIP CC	
196 Bedford	d St						FA	LL RIV	ER			MA		0272	20
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	)	•		•		
		ar arr			952920				.,						
	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): Not Applicable														
	<u>Unique Entity ID (UEI)</u> : Not Applicable														
SEC	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
<b>—</b>															
☐ YES (Single-Establishme	Unique Entity ID (UEI): Not Applicable shment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (H	The state of the s														
		$\square$ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	Establish	ments i	s Federa	l Contra	actor)			
				ON G - 1											
	423	140 - M	otor V	ehicle P	arts (U	lsed) M	erchant	Whole	salers						
	SE	CCTION	I H – V	VORKF	ORCE										1
	Llian	ania					Race/E			atin a					
		anic atino			М	ale	NOt	Hispan	IIC OF L	atino	Fer	nale			
	<u> </u>											<u> </u>			
						声	፟	တ္ဆ		_		ie ie	ō	S	
				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	we a	Two or More Races	Row
JOB CATEGORIES	4)	<u>e</u>	Ð	ıfric	u	aiis	ndia ati	e R	Φ	o Jeri	_	aiig	ati	e R	Total
	Male	Female	White	ck or Afric American	Asian	aw	a F	Nor	White	Black or	Asian	aw	American Indian Alaska Native	Nor	
	2	P.	>	A W	٧	Pac H	ica	<u> </u>	>	Bla	⋖	Рас	ica	۲	
				3lac		ativ er l	ner Als	Į į		ļ ji		er l	Jer Ala	00/	
				ш		울	Ā	≥		⋖		울등	¥	Ě	
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	6	0	0	1	0	0	0	0	0	0	0	0	7
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 2023 REPORTING YEAR TOTAL	0	0	6	0	0	1	0	0	0	0	0	0	0	0	7

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`				,				Expir	ation Dat	e: 11/30/	2026
						E OF RI LEVEL I		т.			•				
		OT O													
OFS COMPANY ID		SECT	TONE	– EMP	LOYE	R IDEN		OYER N	ΔMF						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	/NI			STATE		ZIP CO	DE
	OT OTE	2000										IL			
500 W MADISON								HICAG						6066	)
SECTION C – I HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	RS OR							<b>ΓΙΟΝ</b> (i1 Γ-LEVEL		ıble)			
EB29950					TILADQ	OMMILI		eville L		I-DE VEE	1 W LIVIL				
HEADQUARTERS OR ESTABLISH	AENT LEV	/EL ADE	DECC		-			TY/TOW				STATE		ZIP CO	DE
2016 Industrial P			JKESS					XAND				LA		7130	
2010 Industrial 1												LA		7130	
	SECTI	ON D -	- EMPI		. IDENT 952920	FIFICA' 1 <mark>557</mark>	TION N	UMBE	R (EIN	)					
						FILING									
X YES (Employer Is Eligib											NGER I	N BUSI	NESS		
Si	ECTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
			-	-		Not App									
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	I Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federal	Contrac	ctor)		
☐ YES	(Headqua	rters is l	Federal	Contrac	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	ictor)			
						INFOR									
						Ised) M									
	SE	ECTION	N H – V	VORKF	ORCE	DEMO	-								
	Uior		ı				Race/E		,	atina					
		oanic atino			М	ale	NOt	Hispan	IC OF L	atino	Fen	nale			
	<u> </u>														
				_		or der	ē	S		_		or der	ō	S	
100 0175000150				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	an o	Two or More Races	Row
JOB CATEGORIES	ø	<u>e</u>	g)	ck or Afric American	_	aii S Isl	nerican Indian Alaska Native	ė E	g)	or	u	aiia Isl	American Indian Alaska Native	ė E	Total
	Male	Female	White	or / eri	Asian	lie	an l	Mor	White	Black or an Amer	Asian	lav cific	an l	. ĕ	
		굡	>	sk c	<	Рас	ica ask	7	>	Bla	٧	е Н	ica ask		
				3lao		er	ner Ala	é		fric		ativ er	ner Ala	ě	
				_		žŧ	₹	_≥		٩		꿀늄	₹	_ ≥	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	9	0	0	0	1	0	1	0	0	0	1	0	12
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	4	1	0	0	0	0	0	0	0	0	0	0	6
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 0	0	17	1	0	0	1	0	3	0	0	0	1	0	23
PRIOR 2022 REPORTING YEAR TOTA	_ 0	0	16	2	0	0	1	0	2	0	0	0	1	0	22

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

#### OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME DP29548 Columbus OH HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 5830 A Green Pointe Drive S, Ste A **GROVEPORT** OH 43125 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHOP	111 - V	OKKI	OKCE	DEMO									
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	6	0	0	0	0	0	2	0	0	0	0	0	8
Professionals	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	7	0	0	0	0	1	6	0	1	0	0	0	15
Administrative Support Workers	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	23	6	0	0	0	0	0	0	0	0	0	0	29
Laborers and Helpers	0	1	22	8	1	1	0	2	2	2	0	0	0	0	39
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	1	59	14	1	1	0	3	14	2	1	0	0	0	96
PRIOR 2022 REPORTING YEAR TOTAL	1	0	49	9	0	0	1	3	12	1	1	0	0	0	77

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425

CHICAGO IL - CORPORATE OFFICE

ADDRESS

CITY/TOWN

STATE

ZIP CODE

CHICAGO

CHICAGO

CHICAGO

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

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

AC21201 Hustisford WI - Smart Parts

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

N4079 Highway E

CITY/TOWN

STATE

ZIP CODE

HUSTISFORD

WI

53034

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

#### SECTION E - EMPLOYER FILING ELIGIBILITY

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

#### ${\bf SECTION}\ {\bf F-FEDERAL}\ {\bf CONTRACTOR}\ {\bf DESIGNATION}\ ({\bf if\ applicable})$

Unique Entity ID (UEI): Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	( II – V	VOKKI	OKCE	DEMO	GKAFI	HC DA	1A						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	5	0	0	0	0	0	3	0	0	0	0	0	8
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	6	0	0	0	0	0	2	0	0	0	2	0	10
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	13	0	0	0	0	0	0	0	0	0	0	0	13
Operatives	0	0	4	0	0	0	0	0	3	0	0	0	0	0	7
Laborers and Helpers	0	0	3	0	0	0	0	0	0	0	0	0	0	1	4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	31	0	0	0	0	0	9	0	0	0	2	1	43
PRIOR 2022 REPORTING YEAR TOTAL	0	0	23	0	0	0	0	0	8	0	0	0	1	0	32

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

U.S. EQUAL EMPLO 2023 EMPLOYER IN										OMB Co	andard F Revised ontrol Nu ation Dat	08/2023 nber: 304	16-0049	
		SECTION A ESTABLISHI	_		_	т								
	SECT	ION B – EMI												
OFS COMPANY ID	SECI	ION B – EMI	LUIEKII			OYER N	AME							
AC16425			CHIC	AGO II	L - C	ORPO	RATE O	FFICE						
ADDRESS					CI	TY/TOW	/N			STATE		ZIP CC	DE	
500 W MADISON S	ST STE 2800				CH	HICAG	0			IL		6066	61	
	EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME													
HQ/ESTABLISHMENT-LEVEL UNIT ID			•						AME					
HF15123		Exeter PA - KAO Warehouse												
HEADQUARTERS OR ESTABLISHM														
68 Slocum	Ave				Е	XETER	₹			PA		1864	13	
	SECTION D -		IDENTIF1 952920557		ON N	UMBE	R (EIN)							
	SECTIO	ON E – EMPL	OYER FIL	ING E	LIGI	BILITY	Y							
X YES (Employer Is Eligible	e to File) NO	(Employer Is 1	Not Eligible	to File)		EMPL(	OYER N	O LONG	SER I	N BUSI	NESS			
SE	CTION F – FEI Uni	DERAL CON' ique Entity ID (				Γ <b>ΙΟΝ</b> (i	if applical	ole)						
☐ YES (Single-Establishn	nent Employer is	Federal Contra	ctor) 🔲 YI	ES (Mul	lti-Est	ablishm	nent Empl	loyer is F	ederal	Contra	ctor)			
YES (I	Headquarters is I	Federal Contrac	tor) <b>YE</b>	S (Non-	-Head	quarters	s Establis	hment is	Federa	ıl Contr	actor)			
	□ Y	ES (One or M	ore Non-He	adquart	ers Es	stablish	ments is	Federal (	Contra	ctor)				
		ection G - 3 otor Vehicle F					salers							
	SECTION	H – WORKI	ORCE DE	MOGR	RAPH	IC DA	TA							
				Ra	ce/Et	thnicity	y							
	Hispanic		NA - 1 -		Not F	lispan	ic or La	tino		-1-				
	or Latino		Male		1		 	-	Fem	iale				
JOB CATEGORIES		ican n	ian or	slander lian or	tive	Races		r rican		iian or slander	lian or tive	Races	Row	

	) JE	CHO	4 11 — A	VOKKI	ORCE										
	Race/Ethnicity Hispanic Not Hispanic or Latino														
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	7	0	0	0	0	0	1	0	0	0	0	0	8
Professionals	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
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	1	0	0	0	0	0	1	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Laborers and Helpers	4	1	61	5	0	1	0	2	25	0	0	0	0	1	100
Service Workers	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	4	1	79	5	0	1	0	2	31	0	0	0	0	1	124
PRIOR 2022 REPORTING YEAR TOTAL	0	0	12	0	0	0	0	1	2	0	0	0	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

		·	Expirati	on Date: 11/30/2026
	SECTION A - T	YPE OF REPORT		
	ESTABLISHMEI	NT-LEVEL REPORT		
	SECTION B - EMPLO	YER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
FM66342		Bridgeport CT - APO		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
160 Holl	and Ave	BRIDGEPORT	СТ	06605
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)		•

952920557

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	~	C1101				DEMO		thnicity							
	Hisn	anic	l					Hispan		atino					
		atino			М	ale	1101	mopun	10 O. L	41110	Fen	nale			
	O. E.	11110										luic			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	3	0	1	0	0	0	0	0	1	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	2	0	1	0	0	0	0	0	1	0	0	0	0	0	4

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425 CHICAGO IL - CORPORATE OFFICE

ADDRESS CITY/TOWN STATE ZIP CODE

500 W MADISON ST STE 2800 CHICAGO IL 60661

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)
HQ/ESTABLISHMENT-LEVEL UNIT ID
HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

EB29923 Colchester VT

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN
STATE ZIP CODE
COLCHESTER
VT 05446

### SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

95292055

### SECTION E – EMPLOYER FILING ELIGIBILITY

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

#### ${\bf SECTION}\ {\bf F-FEDERAL}\ {\bf CONTRACTOR}\ {\bf DESIGNATION}\ ({\bf if\ applicable})$

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)

EMPLOYER NAME

#### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

			, ,	, 011111	OHOL	DEMO		thnicity							
								•	,						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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	7	0	0	0	0	0	0	0	0	0	0	0	7
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 2023 REPORTING YEAR TOTAL	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9
PRIOR 2022 REPORTING YEAR TOTAL	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME FM66063 Scranton PA - KAO A&A HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1015 S. Washington Ave **SCRANTON** PA 18505 SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- DI	201101	1 ,	VOKKI	ORCE		Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
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	1	0	0	0	0	0	0	0	0	0	0	0	1
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 2023 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	1	0	0	0	0	0	6

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZVZC ZWII ZO TZKI	i i Olui		. ,	(	LLU.		. 0.12	. (1 1)				Expir	ation Dat	e: 11/30/	2026	
				TION A BLISHN				RT.			•					
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID								OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE	
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81	
SECTION C -	HEADQU	JARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)	_			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME					
BD23832						Portia	and OR			Part						
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOW DRTLAI				STATE		ZIP CC		
10355 Se Fo			- EMPI	OVER	IDENT	rifica'				)		OR		9726	00	
		CCTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER FILING ELIGIBILITY														
X YES (Employer Is Eligit		o File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
S	ECTION	TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
VFS (Single Establish	ment Emr	Unique Entity ID (UEI): Not Applicable  nt Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
<del>_</del>	-	· ·														
☐ YES	(Headqua	adquarters is Federal Contractor)														
		☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION														
	423	S 140 - M	ECTION VIOLENT STATEMENT   VIOLENT	)N G − I ehicle P	NAICS Parts (U	INFOR Ised) M	MATIO erchant	N Whole	salers							
	SE	ECTION	N H – V	VORKF	ORCE											
							Race/E		•							
		oanic atino			М	ale	Not	Hispan	ic or L	atino	Fen	nale				
	0. 2.				141	aic					1 61	laic				
				_		Native Hawaiian or Other Pacific Islander	ō	ses		<u>_</u>		Native Hawaiian or Other Pacific Islander	ō	ses		
JOB CATEGORIES				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 Other Pacific Islan	American Indian or Alaska Native	Two or More Races	Row	
002 0111 20011120	Male	Female	ite	ck or Afrio American	Asian	wai	Ind Na	ore	White	Black or	Asian	wai ic l	Ind	ore	Total	
	ĕ	e.	White	ror	Asi	Ha	an ka	MC.	×	lac n A	Asi	Ha	san ska	MC.		
		_		ach		i Š	eric Nas	o or		nica		ive	eric	o or		
				B		Nat	Am ,	ě		Af		Nat	Am ,	ě		
Executive/Senior Level Officials and Managers		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	0	0	5	0	0	0	1	1	0	0	0	0	0	0	7	
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	1	0	5	0	0	0	0	0	0	0	0	0	0	0	6	
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Craft Workers	2	0	5	0	0	1	0	0	0	0	0	0	0	0	8	
Operatives	2	0	7	0	0	0	0	0	0	0	0	0	0	0	9	
Laborers and Helpers	1	0	0	3	0	0	0	0	0	0	0	0	0	0	4	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTA	<b>.L</b> 6	0	22	3	0	1	1	1	0	0	0	0	0	0	34	
PRIOR 2022 REPORTING YEAR TOTA	L 6	0	14	3	1	1	0	1	0	0	0	0	0	0	26	
ZIV ZUZZ IVEL ZIVILING TEAN TOTA							_						-	_		

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENNI E O I ENNI	(I OIL)I		, 1121	(JIII (	LLO .	1 00111	1 0112	. (1 1)				Expir	ation Dat	e: 11/30/	2026	
				TION A - BLISHM				?T			•					
OFS COMPANY ID									AME							
AC16425					С	HICAG	0 IL - 0	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE	
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61	
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	AENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ıble)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME					
EV28674						Peac	htree C			arts						
HEADQUARTERS OR ESTABLISHM	IENT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE	
2924-A Amwi	ler Road					PI	EACHT	REE C	ORNEI	RS		GA		3036	50	
		ECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER FILING ELIGIBILITY														
X YES (Employer Is Eligib		SECTION E – EMPLOYER FILING ELIGIBILITY o File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
		TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
		Unique Entity ID (UEI): Not Applicable														
YES (Single-Establish	nent Emr	nt Employer is Federal Contractor) 🔲 YES (Multi-Establishment Employer is Federal Contractor)														
	-	· ·														
☐ YES	Headquai	adquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
		YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION														
	423′	S 140 - M	otor V	)N G − N ehicle P	NAICS arts (U	INFOR Ised) M	MATIO erchant	N Whole	salers							
				VORKF												
							Race/E	thnicit	у							
		anic					Not	Hispan	ic or L	atino.						
	or La	atino			M	ale					Fen	nale	1			
JOB CATEGORIES	40	<u>ə</u>	ø	Black or African American	۵	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	o o	Black or African American	u	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total	
	Male	Female	White	ck or Afric American	Asian	la w	ın Ir a N	Лoг	White	Black or	Asian	law Sific	in Ir	١Ō		
		Fe	>	ck c	⋖	e F Pac	rica ask	or I	>	Bla	⋖	e H Pac	rica ask	ō		
				Bla		lativ	me Al	WO		Afri		lativ her	me Al	NO.		
						<b>∠</b> 8	1	_				<b>~</b> 8	4	-		
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	0	0	0	0	0	0	0	0	0	0	0	0	1	
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
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			
Laborers and Helpers	1 0 0 0 0 0 0 0 0 0 0 0 0 0 1															
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTAL	_ 3	0	2	0	0	0	0	0	0	0	0	0	0	0	5	
PRIOR 2022 REPORTING YEAR TOTAL	3	0	3	0	0	0	0	0	0	0	0	0	0	0	6	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A - TYPE OF REPORT

	ESTABLISHMENT-LEVEL REPORT
	SECTION B – EMPLOYER IDENTIFICATION
OFS COMPANY ID	EMPLOYER NAME

AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш

SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

EP39777 Newark OH

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN

ZIP CODE STATE 13769 Marne Rd **NEWARK** OH 43055

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- DI	201101	111 ,	, 011111	ORCE	DEMO									
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	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	2	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	0	0	11	0	0	0	0	1	0	0	0	0	0	0	12
Laborers and Helpers	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	20	1	0	0	0	1	2	0	0	0	0	0	24
PRIOR 2022 REPORTING YEAR TOTAL	0	0	14	0	0	0	0	1	0	0	0	0	0	0	15

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

## SECTION A - TYPE OF REPORT

	ESTABLISHMEI	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE	

QP17357 Clackamas OR - Coast

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 12472 SE Capps Rd **CLACKAMAS** OR 97015

## SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

## 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

	SE	CTION	I H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	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	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/202

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZVZV ZWII ZV I ZWI	11 014.12		, 1121	(	LLU.		1 01 12	(1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHN				:T			•				
		SECT	ION F	B – EMP	LOVE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	10111	Livii	LOIL	K IDEI		OYER N	AME						
AC16425					С	HICAG	0 IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81
SECTION C - I	IEADQU	ARTE	RS OR	<b>ESTAB</b>	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	applica	able)	,		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
FM66600						Bell	eville M			ırts			1		
HEADQUARTERS OR ESTABLISHM			RESS					TY/TOW				STATE		ZIP CO	
13000 Hagge								LLEVIL				MI		4811	11
					952920	557				)					
X YES (Employer Is Eligib				EMPLO oyer Is N						NO LON	IGER I	IN BUSI	INESS		
	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establish	nment Employer is Federal Contractor)														
☐ YES	(Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
	(Headquarters is Federal Contractor)														
		S	ECTIO	)N G – 1	NAICS	INFOR	MATIO	N							
				ehicle P VORKF											
	SE	CHO	111 - V	VOKKI	OKCE		Race/E								
	Hisp	anic						Hispan	,	atino					
		atino			М	ale					Fen	nale			
						_						,			
				⊊		Native Hawaiian or Other Pacific Islander	o c	Two or More Races		an		Native Hawaiian or Other Pacific Islander	o c	Two or More Races	
JOB CATEGORIES		•		Black or African American		iiar sla	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian Other Pacific Islan	American Indian or Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	wa	Inc Na	Jre	White	Black or	Asian	wa	Inc Na	Jre	Total
	Ma	e.	₹	o ner	Asi	Ha	ka	ĭ	≥ F	lac n A	Asi	E H	ka	ĭ	
		ш.		A Zk	_ `	a e	eric las	ō	_	B	-	å ë	eric las	ō	
				B		ati	A A	Š		Afr		ati her	A M	Š	
						2 5	٩	-				2 5	٩	-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	_ 1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2022 REPORTING YEAR TOTAL	_ 0	0	1	0	0	0	0	0	0	0	0	0	0	0	1

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

U.S. EQUAL EMPLO 2023 EMPLOYER IN												OMB Co	Revised ontrol Nu ation Dat	08/2023 nber: 30-	46-0049
			-	-		-	EPORT REPOF								
		SECT	ION B	- EMI	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	IAME						
AC16425					C	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S	ST STE 2	2800					С	HICAG	O			IL		6066	61
SECTION C - H	EADQUA	ARTEI	RS OR	ESTAF	BLISH	MENT-I	LEVEL	IDENT	IFICA:	ΓΙΟΝ (if	f applica	ıble)	- I		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD(	QUARTE	RS OR E	STABLIS	SHMENT	Γ-LEVEL	NAME				
QP16501							Gree	nsboro	NC						
HEADQUARTERS OR ESTABLISHM														DE	
305 Conco	Concord St GREENSBORO NC 27400													06	
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
X YES (Employer Is Eligibl		-			-		G ELIGI			NO LON	NGER I	IN BUSI	NESS		
SE	CTION F					OR DE		TION (	if applic	able)					
☐ YES (Single-Establishn	nent Emplo		_	-				tablishn	nent Em	ployer is	Federal	l Contra	ctor)		
YES (I	Headquart	ters is F	Federal	Contrac	tor)	YES (N	Non-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		<b>□</b> Y	ES (On	e or Me	ore Nor	ı-Headqı	uarters E	Establish	ments i	s Federa	l Contra	actor)			
	4004						MATIC		1						
							erchant GRAPI								
	J DEC	21101	111 /	OKIKI	ORCL		Race/E								
	Hispa	anic							ic or L	atino					
	or Lat				N	lale					Fen	nale			
JOB CATEGORIES		e e	0	frican an		aiian or Islander	ndian or ative	e Races	0	or ıerican		aiian or Islander	ıdian or ative	e Races	Row Total

							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	3	0	0	0	0	0	2	0	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	2	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

## SECTION A – TYPE OF REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425

EMPLOYER NAME

CHICAGO IL - CORPORATE OFFICE

ADDRESS CITY/TOWN STATE ZIP CODE
500 W MADISON ST STE 2800 CHICAGO IL 60661

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

HQ/ESTABLISHMENT-LEVEL UNIT ID

QP16171

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

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Fraser MI

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN STATE ZIP CODE
33735 Groesbeck Hwy FRASER MI 48026

## ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

95292055

### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	~	C1101				DEMO	Race/E								
	Hien	anic	1					Hispan		atino					
		atino			М	ale	1101	Поран	IC OI L	шино	Fon	nale			
•	O1 L	11110			141	aic					1 (11	laic			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100)

•	LOYMENT OPPORTUNITY C INFORMATION REPORT (EF	* /	OMB Contr	vised 08/2023 rol Number: 3046-0049 on Date: 11/30/2026
	SECTION A - T	TYPE OF REPORT		
	ESTABLISHME	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	<b>Ι</b> Ε	
EK03010		Buckley WA - FosterAuto Parts		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
28520 Hw	/ 410 East	BUCKLEY	WA	98321
		ENTIFICATION NUMBER (EIN) 2920557		
	SECTION E – EMPLOY	ER FILING ELIGIBILITY		
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINI	ESS
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>II)</u> : Not Applicable		
☐ YES (Single-Establi	shment Employer is Federal Contractor	r) TYES (Multi-Establishment Employer is Feder	eral Contractor	r)
☐ YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fed	deral Contract	or)
	VES (One or More	Non-Headquarters Establishments is Federal Cor	ntractor)	

SECTION G - NAICS INFORMATION
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	I H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicit	У						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	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	2	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	1	0	7	0	1	0	0	0	0	0	0	0	0	0	9
Operatives	0	0	5	1	0	0	0	0	0	0	0	0	0	0	6
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	1	0	14	1	1	0	0	0	2	0	0	0	0	0	19
PRIOR 2022 REPORTING YEAR TOTAL	0	0	9	0	1	0	0	0	3	0	0	0	0	0	13

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

12

2023 EMPLOYER IN	C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)   HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS   CITY/TOWN   STATE   ZIP CODE														
			SECT	TON A	– TYPI	E OF RI	EPORT								
			ESTA	BLISH	/ENT-l	_EVEL I	REPOR	T:							
		SECT	TION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE	Ē				
ADDRESS							CI	TY/TON	/N			STATE		ZIPCC	DE
	ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  S CITY/TOWN STATE ZIP CODE NST STE 2800 CHICAGO IL 60661  - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Gardiner ME  HMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE TAVENUE GARDINER ME 04345  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY Tible 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 Shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  S (Headquarters is Federal Contractor) Headquarters Establishment is Federal Contractor)  S (Headquarters is Federal Contractor) Headquarters Establishment is Federal Contractor)  S (Headquarters is Federal Contractor) Headquarters Establishment is Federal Contractor)  S (Headquarters is Federal Contractor) Headquarters Establishment is Federal Contractor)  S (Headquarters is Federal Contractor) Headquarters Establishment is Federal Contractor)  S (Headquarters is Federal Contractor) Headquarters Establishment is Federal Contractor)  S (Headquarters is Federal Contractor) Headquarters Establishment is Federal Contractor)  S (Headquarters is Federal Contractor) Headquarters Establishment is Federal Contractor)  S (Headquarters is Federal Contractor) Headquarters Establishment is Federal Contractor)  HEADQUARTERS OR CHICAGO  S (HEADQUARTERS OR ESTABLISHMENT.  S (HEADQUARTERS OR ESTABLISHMENT.  S (HEADQUARTERS OR ESTABLISHMENT.  S (HEADQUARTERS OR ESTABLISHMENT.  S (HEADQUARTERS OR ESTABLISHMENT.  S (HEADQUARTERS OR ESTABLISHMENT.  S (HEADQUARTERS OR ESTABLISHMENT.  S (HEADQUARTERS OR ESTABLIS														
			RS OR	FSTAR	I ISHN	/FNT-I				FION (it	f applies			0000	)
HQ/ESTABLISHMENT-LEVEL UNIT ID	<i>n</i> iDQC	7111111	KD OIL									шоге			
EB30161					`										
														=======================================	
~		EL ADL	DRESS												
644 River Av	enue						GA	ARDINE	ER			ME		0434	15
	SECTI	ON D -	- EMPI				TION N	UMBE	R (EIN	)					
		SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	ole to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
	ole to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
SEC	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
<b>—</b>	Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
YES (Single-Establishm	ent Emp	oloyer is	Federa	I Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (F	Unique Entity ID (UEI): Not Applicable shment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable ishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  ES (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														
									ments i	s redera	ii Conur	actor)			
	4231								salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA'	TA						
							Race/E	thnicity	У						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fer	nale			
				_		ج ما الح	'n	S		_		ج ج الح	ъ	S	
				an		auc	lu d	ace		car		an c	e ii	ace	Pow
JOB CATEGORIES		o o		iric an	_	isi si	dia	æ		or	_	ig is	dia	S.	-
	<u>e</u>	)a	ije	ri Af	ian	<u>§</u> ≥	Ξ̈́	ore	ite	ik c	an	ii ≰a	Ξ̈́ž	ore	TOtal
	Ĕ	ė.	IÈ	ne ne	As	Ha Sci	ka	Š	Ì	lac n A	Asi	H Ha	ka	Š	
		ш.	_	Ar Ar		a g	eric las	o	_	B	`	e e	eric las	or	
				333		e ij	⊒e	0		۱ŧ		atj.	₽	۸٥	
				_		žŧ	₹	≥		٩		žŧ	₹	_≥	
												_			
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	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	0	0	11	0	0	0	0	0	0	0	0	0	0	0	11

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

2023 EMPLOYER	INFORMATION REPORT (EF	CO-I COMPONENT I)		on Date: 11/30/2026
	SECTION A - T	YPE OF REPORT		
	ESTABLISHME	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E	
EB31611		Tulsa OK		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
874 N 165Th Ea	ast Ave, Suite B	TULSA	OK	74116
		ENTIFICATION NUMBER (EIN) 920557		
	SECTION E - EMPLOY	ER 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

	SE	CTION	I H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	2	0	0	0	1	0	0	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	3	0	7	1	0	0	2	0	2	0	0	0	0	0	15
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	4	1	1	0	1	0	0	0	0	0	0	0	8
Laborers and Helpers	0	0	3	0	0	0	1	1	0	0	0	0	0	0	5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	5	0	17	2	1	0	5	1	3	0	0	0	0	0	34
PRIOR 2022 REPORTING YEAR TOTAL	4	0	14	1	0	0	5	1	3	0	0	0	0	0	28

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

### OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB30318 Bensenville IL - Depot HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 300 Beeline Dr **BENSENVILLE** 60106 IL SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

		201101		OKIKI			Race/E								
	Hisn	anic						Hispan		atino					
		atino			М	ale	1101	поран	0	uu	Fen	nale			
	<u> </u>	1				1						laio			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	6	0	1	1	0	0	0	1	0	0	0	0	0	0	9
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 2023 REPORTING YEAR TOTAL	6	0	1	1	0	0	0	1	0	0	0	0	0	0	9
PRIOR 2022 REPORTING YEAR TOTAL	5	0	2	1	0	0	0	1	1	0	0	0	0	0	10

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/202

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EVII LOTEK II	II OKW	AHO	N KEI	OKI (	EEO-	COM	ONE	111)				Expir	ation Dat	e: 11/30/	2026
								:T			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
	CT CTE	2800													
														0000	) 1
	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				-LEVEL	NAME				
QP16202								•							
HEADQUARTERS OR ESTABLISHM	IENT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
2980 6th	Ave						SPF	RINGFI	ELD			MI		4903	37
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)			<u> </u>		
		SECTIO	ON E -				ELIGI	BILITY	Y						
X YES (Employer Is Eligib										NO LO	IGER I	N BUSI	NESS		
SI	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA	ΓΙΟΝ (i	if applic	able)					
										,					
☐ VES (Single-Establish	nent Emr	olover is	Federa	l Contrac	rtor)	VES (	Aulti-Est	tahlishm	nent Em	nlover is	Federal	l Contra	ctor)		
_ , ,	•	•				,									
☐ YES	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
						_			ments i	s Federa	l Contra	actor)			
	423								salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
	Hisp	anic					Not	Hispan	ic or L	atino					
					М	ale					Fen	nale			
				_		or der	or	es		u		or der	or	es	
IOD OATE OODIES				car		an	an	gac		<u>i</u> 2		an Ian	an	gac	Row
JOB CATEGORIES		<u>•</u>	ø,	\fri	_	aii	ndi Iati	ē	ø	or ner	_	aii S Is	ndi Iati	ē	Total
	lak	ш	hit.	or A eric	sia	a ific	n la a N	ē	hit	P P	sia	aw	a l	آو	
	_	Fe	>	훘	⋖	P S	ica Isk	Ę	>	Bla	⋖	e H	ica Isk	Ž	
				lac		er F	ner Ala	0		ric		tiv er F	ner Ala	0	
				ш		N E	An	≥		₹		Na Et	An	≥	
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 Tachnisians					0	_	0	0	0	0			_		0
Technicians Sales Workers	CHICAGO   IL   60														0
Administrative Support Workers	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN CHICAGO STATE CITY/TOWN CHICAGO STATE CITY/TOWN CHICAGO STATE CITY/TOWN CHICAGO STATE CITY/TOWN CHICAGO STATE CITY/TOWN CHICAGO STATE CITY/TOWN CHICAGO STATE CITY/TOWN STATE CITY/TOWN STATE CITY/TOWN STATE CITY/TOWN STATE CITY/TOWN STATE SPRINGFIELD MI SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION C - EMPLOYER FILING ELIGIBILITY et of File) NO (Employer Is Not Eligible to File) Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) WES (Non-Headquarters Establishment is Federal Contractor) Headquarters is Federal Contractor) WES (Non-Headquarters Establishment is Federal Contractor) SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Hispanic Or Latino Male  Rece/Ethnicity Not Hispanic or Latino OR OR OR OR OR OR OR OR OR OR OR OR OR O														0
Craft Workers	_	SECTION A - TYPE OF REPORT													
Operatives			2	0	0	0	0	0				0	0	0	4
Laborers and Helpers						1									0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
DDIOD 2022 DEDODTING VEAD TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

U.S. EQUAL EMPLO 2023 EMPLOYER II				` /		OMB Co	Revised 08/	er: 3046-0049
		SECTION A -	_	_		•		
	SECT	TION B – EMPL	OYER IDEN					
OFS COMPANY ID				EMPLOYER N				
AC16425			CHICAGO	IL - CORPO	RATE OFFICE			
ADDRESS				CITY/TOW	/N	STATE	Z	IP CODE
500 W MADISON	ST STE 2800			CHICAG	0	IL		60661
SECTION C - I	HEADQUARTE	RS OR ESTABL	ISHMENT-L	EVEL IDENT	IFICATION (if a	pplicable)	•	
HQ/ESTABLISHMENT-LEVEL UNIT ID		H	EADQUARTER	S OR ESTABLIS	HMENT-LEVEL NA	AME		
FM66162								
HEADQUARTERS OR ESTABLISHM	MENT-LEVEL ADI	DRESS	STATE	Z	IP CODE			
1575 Wyom	ning Ave		PA		18643			
	SECTION D -	EMPLOYER II	DENTIFICAT 2920557	ION NUMBE	R (EIN)			
	SECTION	ON E – EMPLO	YER FILING	ELIGIBILITY	Y			
X YES (Employer Is Eligib	ole to File) 🔲 NO	(Employer Is No	Eligible to Fi	e) EMPLO	OYER NO LONG	ER IN BUSI	NESS	
SI	ECTION F – FEI	DERAL CONTR ique Entity ID (UI			f applicable)			
☐ YES (Single-Establish	ment Employer is	Federal Contracto	or) TYES (M	Iulti-Establishm	ent Employer is Fo	ederal Contrac	ctor)	
☐ YES	(Headquarters is l	Federal Contractor	YES (No	on-Headquarter	s Establishment is	Federal Contra	actor)	
	□ Y	ES (One or More	Non-Headqua	arters Establish	ments is Federal C	Contractor)		
		ECTION G – NA						
		otor Vehicle Par NH – WORKFO						
	SECTION	II – WORRI'O		Race/Ethnicity				
	Hispanic		<u> </u>		ic or Latino			
	or Latino		Male	ot mopun	Edillo	Female		

							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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 2023 REPORTING YEAR TOTAL	0	0	8	0	0	0	0	0	0	0	0	0	0	0	8
PRIOR 2022 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

121

0

0

ZIP CO	DE
6066	31
ZIP CO	DE
7500	)6
aces	Pow
Races	Row
ore Races	Row
More Races	_
or More Races	_
wo or More Races	_
Two or More Races	_
·	Total
0	Total
·	Total
0	Total
0 0 0 0 0	1 9 4 0 14
0 0 0 0 0 0 0	1 9 4 0 14 10
0 0 0 0 0	1 9 4 0 14 10 3
0 0 0 0 0 0 0	1 9 4 0 14 10
	6066 ZIP CO

SECTION I – WORKFORCE SNAPSHOT PERIOD

0

12/10/2023 - 12/23/2023

10

0

18

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

U.S. EQUAL EMPLO 2023 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Da	08/2023 mber: 30	46-0049					
							EPORT													
			ESTA	BLISH	MENT-I	EVEL	REPOF	RT												
		SECT	TON B	- EMP	LOYE	R IDEN	TIFIC													
OFS COMPANY ID					_			OYER N												
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE										
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE					
500 W MADISON S	T STE	2800					C	HICAG	0			IL		6066	61					
SECTION C - HE	EADQU	ARTE	RS OR	ESTAE	LISHN	IENT-I	LEVEL	IDENT	IFICA'	TION (it	fapplica	ıble)								
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME									
EB30502							Chicago	o IL - Al	RSCO											
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS	Chicago IL - ARSCO  CITY/TOWN STATE ZIP CODE																
16801 Exchange Av	enue S	uite 1					L	ANSIN	G											
	SECTI	ON D -	EMPI		IDENT		TION N	NUMBE	R (EIN	()		IL 60438								
	,	SECTIO	ON E -	EMPL	OYER	FILIN(	ELIG	BILIT	Y											
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	Not Elig	ible to F	ïle)	EMPL	OYER	NO LO	NGER I	N BUS	INESS							
SEC	CTION						SIGNA olicable		if applic	cable)										
☐ YES (Single-Establishm	ent Emp		_	-					nent Em	ployer is	Federal	Contra	ctor)							
YES (H	leadqua	rters is I	Federal	Contrac	tor)	YES (N	Von-Hea	dquarter	s Establ	ishment	is Feder	al Contr	ractor)							
		□ Y	ES (Or	ne or Mo	ore Non	-Headqı	arters E	Establish	ments i	s Federa	l Contra	ictor)								
	400						MATIC		aalara											
							erchant GRAPI													
	DI.		111 /	· OILIII	ORCL		Race/E													
	Hisn	anic						Hispan	•	atino										
		atino			М	ale					Fen	nale								
JOB CATEGORIES				rican n		Hawaiian or acific Islander	lian or tive	More Races		r rican		Hawaiian or acific Islander	lian or tive	More Races	Row					
000 0/112011120	Male	emale	White	cor African merican	Asian	Hawaiian acific Islan	an Indian or ka Native	More	White	lack or n American	Asian	Hawaiian acific Islan	an Indian ka Native	More	Total					

							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	9	1	0	0	0	0	1	0	0	0	0	0	11
PRIOR 2022 REPORTING YEAR TOTAL	0	0	8	1	0	0	0	0	1	0	0	0	0	0	10

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLO 2023 EMPLOYER IN													tandard F Revised ontrol Nu ation Da	08/2023 mber: 30-	46-0049				
				TION A BLISHN							·								
		SECT	TON B	B – EMP	LOYE	R IDEN													
OFS COMPANY ID								OYER N											
AC16425					С	HICAG				OFFICE									
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE				
500 W MADISON S								HICAG				IL		6066	51				
SECTION C - HI	EADQU	JARTEI	RS OR									able)							
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME								
QP16741							Denve	er CO -	APO										
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADD	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DE				
1355 W 52nd	Avenue	)						DEVNE	R			STATE ZIP CODE CO 80221							
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)									
		-		EMPL	-		_												
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPL	OYER	NO LON	IGER I	IN BUS	INESS						
SEC	CTION			L CONT				TION (	if applic	able)									
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)						
YES (F	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	Von-Head	dquarter	s Establ	ishment	is Feder	al Contr	ractor)						
		□ Y	ES (O	ne or Mo	ore Non	-Headqı	arters E	Establish	ments i	s Federa	l Contra	actor)							
	423			ON G - N ehicle P					ealere										
				VORKE															
							Race/E		•										
		oanic					Not	Hispar	nic or L	atino									
	or L	atino			М	ale		1			Fen	nale	1						
				an		n or ınder	n or 'e	seos		an		n or ander	n or e	aces	Davis				
JOB CATEGORIES	Male	Female	White	ck or Afric American	Asian	waiia fic Isla	India Nativ	or More Races	White	Black or an Americ	Asian	iwaiia fic Isla	India Nativ	or More Races	Row Total				
	Ě	Fen	W	lack or African American	As	tive Hawaiian or er Pacific Islander	nerican Indian or Alaska Native	o or Me	W	Black or frican American	As	tive Hawaiian or er Pacific Islander	nerican Indian or Alaska Native	o or Ma					

							Race/E	thnicity	/					ļ	
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

### OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME QP16182 Ferndale MI HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 836 Livernois **FERNDALE** MI 48220 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA

	) JE	CHO	4 TT _ A	VOKKI	OKCE										
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMILOTER IN	I OKWI	ATIO	N KEI	OKI (.	EEO-1	COM	TONE	111)				Expir	ation Dat	e: 11/30/	2026
								RT.			'				
		SECT	ION B	– EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID									AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TV/TOV	7NT			CTATE		ZIDCC	IDE .
	T 0TE	0000													
														6066	01
	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•					NAME				
AC21287						Webs	ster MA	- Rt 16	AutoP	arts					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOV	VN			STATE		ZIP CC	DE
4 Old Dougla	s Road						W	EBSTE	R			MA		0157	70
<u> </u>	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)					
		SECTIO	N E				FLICI	DII IT	V						
V VEC (Familiana Ia Filialia)										NO LON	ACED I	NI DIICI	NIECC		
											NGER I	IN BUSI	INESS		
SE	CTION							TION (	if applic	able)					
			-												
☐ YES (Single-Establishn	nent Emp	oloyer is	Federa	l Contrac	ctor) 🔲	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
□ VES (	Headana	rters is I	Federal	Contract	tor)	VES (N	Ion-Head	lanarter	s Establ	ishment	is Feder	al Contr	actor)		
LES (I	readqua							_					actor)		
						_			ments i	s Federa	l Contra	actor)			
	400														
	4231	140 - M	otor V	ehicle P	arts (U	sed) Me	erchant	Whole	salers						
	SE	CTION	H – V	VORKE	OKCE										ı
	L														
						ala	Not	Hispan	ic or L	.atino	Гон				
	Or La	atino		1 1	IVI	ale					Fen	naie			
				Ę		or nder	or e	seo		an		or nder	or e	ces	
JOB CATEGORIES				ے نِز		iar sla	liar	Ra		ric		iar Sla	liar	Ra	Row
002 071120011120	<u>0</u>	ale	te	Afr	я	vai c Is	Ind	<u>r</u> e	ţ	c o me	E .	vai C Is	Ind	ē	Total
	Ma	E E	Ā	o. Je	∖sia	la cifi	an (a	ω	Ρ̈́	acl	\sia	ciji	an Ka	€	
		Ľ	_	P ck	~	/e l Pa	rica	ō	_	Gar Ba	_	e Pa	rica	ō	
				3la		ativ ner	JA A	0,		fri		atj.	A A	9	
				_		žŧ	₹	_≥		٩		žŧ	₹	₽	
Executive/Senior Level Officials and Managers		0	0	0	0		0	0	0	0	0	0	0		0
First/Mid-Level Officials and Managers Professionals															8
Technicians		0				0	0	0	0	0	_			0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Webster MA - Rt 16 AutoParts  IENT-LEVEL ADDRESS  CITY/TOWN  STATE  ZIP CO  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  Tet o File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CITTON F - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic  or Latino  Male  Race/Ethnicity  Hispanic  Or Latino  Male  Race/Ethnicity  Hispanic  Or Latino  Male  Race/Ethnicity  Hispanic  Or Latino  Male  Race/Ethnicity  Not Hispanic or Latino  Or Latino  OR OR OR OR OR OR OR OR OR OR OR OR OR O														1
Craft Workers	SECTION B - EMPLOYER IDENTIFICATION   SECTION B - EMPLOYER RAME   CHICAGO   L - CORPORATE OFFICE														11
Operatives															5
Laborers and Helpers Service Workers															6
CURRENT 2023 REPORTING YEAR TOTAL	3	0	27	0	0	0	1	0	1	0	0	0	0	0	32
DDIOD 2022 DEDODTING VEAD TOTAL	0	0	10	1	0	0	1	0	1	0	0	0	0	0	22

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

### OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME ET09026 Grand Prairie TX - ATK HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1102 W N Carrier Parkway, SUITE 100 **GRAND PRAIRIE** 75050 TX SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): Not Applicable

## YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION

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

336390 - Other Motor Vehicle Parts Manufacturing

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

### SECTION H - WORKFORCE DEMOCRAPHIC DATA

	oanic atino					Race/E								
						Not								
						NOt	Hisban	ic or L	atino					
				M	ale					Fen	nale			
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
0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
12	1	10	1	1	0	0	0	2	0	1	0	0	0	28
2	1	6	1	0	0	0	0	2	1	0	0	0	0	13
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	0	5	0	0	0	0	0	0	0	0	0	0	0	12
4	6	9	0	0	0	0	1	3	2	0	0	0	1	26
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	4	7	3	0	0	1	3	0	0	0	0	0	0	37
5	2	1	1	1	0	0	0	0	1	0	0	0	0	11
1	5	1	0	0	0	0	1	2	2	1	0	0	3	16
50	19	42	6	2	0	1	5	10	6	2	0	0	4	147
20	15	24	0	2	0	0	2	3	4	0	0	0	2	72
	0 12 2 0 7 4 0 19 5 1	0 0 12 1 2 1 0 0 0 7 0 0 7 0 0 19 4 6 0 0 0 19 4 5 2 1 5 50 19	0 0 3 12 1 10 2 1 6 0 0 0 0 7 0 5 4 6 9 0 0 0 0 19 4 7 5 2 1 1 5 1 50 19 42	## R	## ## ## ## ## ## ## ## ## ## ## ## ##	0 0 3 0 0 0 0 12 1 10 1 1 0 0 0 0 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 0	0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 3 0 0 0 0 0 0 1 12 1 10 1 1 1 0 0 0 2 2 1 6 1 0 0 0 0 0 2 0 0 0 0 0 0 0 0 0 0 7 0 5 0 0 0 0 0 0 0 4 6 9 0 0 0 0 0 0 0 19 4 7 3 0 0 0 1 3 0 0 0 0 0 0 0 0 0 0 19 4 7 3 0 0 1 3 0 5 2 1 1 1 1 0 0 0 0 0 1 5 2 1 1 1 1 0 0 0 0 1 5 1 5 1 0 0 0 0 1 2  50 19 42 6 2 0 1 5 10	0       0       3       0       0       0       0       0       1       0         12       1       10       1       1       0       0       0       2       0         2       1       6       1       0       0       0       0       0       2       1         0	0       0       3       0       0       0       0       0       1       0       0         12       1       10       1       1       0       0       0       2       0       1         2       1       6       1       0       0       0       0       0       2       1       0         0	0         0         3         0         0         0         0         0         1         0         0         0           12         1         10         1         1         0         0         0         2         0         1         0         0           2         1         6         1         0	0 0 3 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0	0 0 3 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

U.S. EQUAL EMPLO 2023 EMPLOYER IN			N REI	PORT (	EEO-1	1 COM	PONE	NT 1)				OMB Co	andard F Revised ontrol Nu ation Dat	08/2023 mber: 304	46-0049
			ESTA	TION A BLISHN	/ENT-l	EVEL	REPOR	RT							
		SECT	ION B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID					_			OYER N							
AC16425					C	HICAG	O IL - C	ORPO	RAIE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S	ST STE	2800					С	HICAG	Ю			IL		6066	61
SECTION C - H	EADQU	JARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
QP17137							CI	hico CA	A						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DE
31 Wrex	Ct							CHICO	)			CA		9592	28
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)	,		•		
		SECTIO	ON E -	EMPL	OYER	FILING	G ELIGI	BILIT	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ïle) 🔲	EMPL	OYER	NO LON	IGER I	IN BUSI	NESS		
SE	CTION			L CONT				TION (	if applic	able)					
YES (Single-Establishm	ent Emp		_	-				tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (I	- Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	lon-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
_ `	•							•		s Federa					
				)N G – I											
				ehicle F VORKF											
	51	201101	111 /	· ORIGI	ORCL		Race/E								
	Hisp	anic						Hispan		atino					
		atino			М	ale		•			Fen	nale			
						_						_			
JOB CATEGORIES				rican In		iian or slande	lian or tive	Races		ır ərican		iian or slande	dian or tive	Races	Row
	Male	Female	White	ack or African American	Asian	ve Hawaiian or r Pacific Islander	erican Indian or Iaska Native	or More Races	White	Black or ican American	Asian	ve Hawaiian or r Pacific Islandeı	erican Indian or Iaska Native	or More Races	Total

							Race/E	thnicit	y					ļ	1
	Hisp	anic					Not	Hispan	ic or L	atino					1
	or L	atino			М	ale					Fen	nale			1
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
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 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100)

•	INFORMATION REPORT (EF	` /	OMB Contr	rol Number: 3046-0049 on Date: 11/30/2026
	SECTION A - T	TYPE OF REPORT		
	ESTABLISHME	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
EB30116		Denver CO - Mid America		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
1355 W 5	52nd Ave	DENVER	CO	80221
		DENTIFICATION NUMBER (EIN) 2920557		
	SECTION E - EMPLOY	ER FILING ELIGIBILITY		
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINI	ESS
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable)  II): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	OKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	1	0	0	0	0	0	1	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	1	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	1	2	0	0	0	0	0	1	0	0	0	0	0	6
PRIOR 2022 REPORTING YEAR TOTAL	4	1	12	0	0	0	0	0	0	0	0	0	0	0	17

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

U.S. EQUAL EMPLO 2023 EMPLOYER IN													andard F Revised ontrol Nu ation Da	08/2023 mber: 30	46-0049
			ESTA	TION A BLISHN	MENT-	LEVEL	REPOR	RT							
		SECT	ION E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID AC16425					С	HICAG		OYER N		OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	51
SECTION C – HI	EADQU	ARTE	RS OR	ESTAE	BLISHN	MENT-I	EVEL	IDENT	IFICA'	TION (it	fapplica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE				Γ-LEVEL	NAME				
EB31216							St. I	Louis N	10						
HEADQUARTERS OR ESTABLISHME												DDE			
1601 Tradeport Dr	, Suite	100					HAZ	ZELWC	OOD			MO		6304	12
	SECTI	ON D -	EMPI	LOYER	IDEN' 952920		TION N	UMBE	R (EIN	)					
		SECTIO	ON E -	- EMPL	OYER	FILIN	ELIGI	BILIT	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	IGER I	N BUS	NESS		
SEC	CTION			L CONT				TION (	if applic	able)					
☐ YES (Single-Establishm	ent Emp		_	-				tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (H	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
	1							•		s Federa			,		
		S	ECTIO	ON G - 1	NAICS	INFOR	MATIC	N							
				ehicle F											
	SE	CHO	<u> </u>	VOKKI	OKCE		Race/E								
	Hisr	anic							ic or L	atino					
		atino			M	lale					Fen	nale			
JOB CATEGORIES	Male	Female	White	ck or African American	Asian	e Hawaiian or Pacific Islander	ican Indian or aska Native	or More Races	White	Black or an American	Asian	e Hawaiian or Pacific Islander	ican Indian or aska Native	or More Races	Row Total
	l	"-	-	1 <del>2</del> 2 4	1	മെപ്പ	i:	5	_	B	-	ക്	i:	2	1

							Race/E	trinicity	y						i l
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	5	1	0	0	0	0	4	0	0	0	0	1	12
Administrative Support Workers	0	1	0	0	0	0	0	0	1	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	20	8	0	0	0	0	0	0	0	0	0	0	29
Laborers and Helpers	1	0	1	6	0	0	0	1	0	0	0	0	0	0	9
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	2	30	15	0	0	0	1	5	0	0	0	0	1	56
PRIOR 2022 REPORTING YEAR TOTAL	2	2	28	13	0	0	0	1	2	0	0	0	0	1	49

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`				,				Expir	ation Dat	e: 11/30/	2026
				TION A BLISHN							•				
		SECT		B – EMP											
OFS COMPANY ID		SECI	ION	- ENIF	LUIE	KIDEN		OYER N	AME						
AC16425					С	HICAG				OFFICE	•				
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C -	HEADOI	ADTE	DS OD	FCTAR	I ICHN	/ENT_I	EVEL	IDENT	TEICA	TION (i	fannlier	abla)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	ILADQC	AKIL	NO OK							Γ-LEVEL		uoic)			
AC21843						•	ronx N								
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADI	DRESS				CI	TY/TOV	VN			STATE		ZIP CC	DDE
1390 Spoffor								BRON				NY		1047	
·	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	)	_				
		SECTIO	ON E -	·EMPL	952920 OYER		ELIGI	BILIT	Y						
X YES (Employer Is Eligib				-							NGER I	IN BUS	INESS		
S	ECTION			L CONT tity ID (				TION (	if applic	able)					
YES (Single-Establish	ment Em		_	-				tablishn	nent Em	plover is	Federa	l Contra	ctor)		
_ ` ` `	(Headqua												,		
L IES	(Ticauqua			ne or Mo	. —			•					actor)		
				)N G - 1					iments i	s redera	i Contra	actor)			
	423			ehicle P					salers						
	SE	ECTION	N H – V	VORKF	ORCE										
			•				Race/E		•						
		oanic atino			М	ale	Not	Hispan	ic or L	atino.	For	nale			
	OI L	auno			IVI	ale					rei	liale			
				_		or der	or	es		_		or der	ō	es	
JOB CATEGORIES				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 Alaska Native	Two or More Races	Row
JOB CATEGORIES	O	Female	Ę.	ck or Afrio American	⊆	vaii	ndi	re F	te	Black or	⊊	vaii	nd Aat	le l	Total
	Male	Ĕ	White	or,	Asian	cji ja	an   ca	₽	White	act a	Asian	جة و∰	an	Θ	
		ш	>	ck An	٩	Pa	rica	o.	>	E E	٩	Pa	rica	o.	
				3la		ati.	nel Ala	ě		į		ati.	Je A	Q	
						꿀듕	Ā	_≥		⋖		꿀듕	Ā	_≥	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	3	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	6	1	0	0	0	0	0	0	0	1	0	0	0	0	8
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	1	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	11	1	0	5	0	0	1	0	0	0	0	0	0	0	18
Laborers and Helpers	10	0	0	0	0	0	0	0	0	0	0	0	0	0	10
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	<b>L</b> 30	3	0	5	0	0	1	0	0	1	1	0	0	0	41
PRIOR 2022 REPORTING YEAR TOTA	L 29	2	1	4	0	0	1	0	0	0	1	0	0	0	38

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`								Expir	ation Dat	e: 11/30/	2026
				ION A				Τ.							
		~-~		BLISHN											
OFS COMPANY ID		SECT	ION B	– EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					_	LUCACA				OFFICE					
						псав				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C – H	EADQU	ARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
FM66151						Green	sburg F			stics					
HEADQUARTERS OR ESTABLISHM			RESS					TY/TOW				STATE		ZIP CO	
1513 Woodward I	or Exten	sion					GRE	ENSBU	JRG			PA		1560	)1
	SECTI	ON D -	EMPI	LOYER 9	IDENT 952920		ΓΙΟΝ N	UMBE	R (EIN	)					
	;	SECTIO	ON E –	EMPLO	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	e to File)	□ NO	(Emple	oyer Is N	lot Eligi	ible to Fi	ile) 🔲	EMPL(	OYER 1	NO LON	NGER I	IN BUS	INESS		
SE	CTION							ΓΙΟΝ (i	f applic	able)					
		<u>Uni</u>	que En	tity ID (	UEI):	Not App	licable								
☐ YES (Single-Establishr	nent Emp	oloyer is	Federa	l Contrac	ctor) 🔲	YES (N	Aulti-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)		
YES (	Headana	rters is I	Federal	Contract	tor)	VES (N	on-Head	lauarters	s Establ	ishment i	is Feder	al Contr	actor)		
	readqua							_					actor)		
									ments 1	s Federa	I Contra	actor)			
	422			NG-N ehicle P					colore						
				VORKE											
				. 0 11111	OHOL		Race/E								
	Hisn	anic						Hispan		atino					
		atino			М	ale					Fen	nale			
				_		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islander	ō	es	
IOD CATECODIES				Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian Other Pacific Islan	American Indian Alaska Native	Two or More Races	Row
JOB CATEGORIES	o)	<u>e</u>	ø	ck or Afric American	_	/aii	ndi Iati	ė.	gy.	o j	L	aii s	ndi Iati	ė	Total
	Male	Female	White	or A eric	Asian	aw	n li a N	۱	White	A K	Asian	a iii a∧	n la	No.	
	_	Fe	>	ŘΕ	⋖	е Н	ica Isk	Ž	>	Black or an Amer	¥	Pac H	ica	r I	
				lac /		tiv	ner Ala	õ		ri:		ţi,	Ala	0	
				ш		Na	An	_ ≥		¥		P S	An	≥	
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  Tachnicians	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	17	0	0	0	0	0	1	0	0	0	0	0	18
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 2023 REPORTING YEAR TOTAL	0	0	19	0	0	0	0	0	1	0	0	0	0	0	20

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

U.S. EQUAL EMPLO 2023 EMPLOYER IN												OMB Co	andard F Revised ontrol Nu ation Dat	08/2023 mber: 304	46-0049
			ESTA	TION A BLISHN	/ENT-I	LEVEL	REPOF	RT							
		SECT	TON B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					C	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S	ST STE	2800					С	HICAG	Ю			IL		6066	61
SECTION C - H	EADQU	JARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
QP16763						1	West Pa	alm Bea	ach FL						
HEADQUARTERS OR ESTABLISHM													DE		
1938 Church												)9			
	SECTI	ON D -	EMPI	LOYER	IDEN 2052920		TION N	UMBE	R (EIN	)	•		•		
		SECTIO	ON E -	EMPL	OYER	FILIN(	G ELIG	BILIT	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	IGER I	IN BUSI	NESS		
SE	CTION			L CONT				TION (	if applic	able)					
YES (Single-Establishn	ent Emr		_	-				tablishn	nent Em	plover is	Federa	l Contra	ctor)		
YES (1	1	•				,				1 2					
	rouaqua				. —			-		s Federa					
		S	ECTIO	)N G - 1	NAICS	INFOR	MATIC	)N							
				ehicle F											
	SF	ECTION	V H – V	VORKF	ORCE										П
							Race/E								
		oanic atino			M	ale	Not	Hispar	ic or L	.atino	Eon	nale			
	OI L	I			IV	aic		1			1 61	liaic			
JOB CATEGORIES	Male	Female	White	ack or African American	Asian	ve Hawaiian or r Pacific Islander	erican Indian or Iaska Native	or More Races	White	Black or ican American	Asian	ve Hawaiian or r Pacific Islander	erican Indian or Iaska Native	or More Races	Row Total
		_		ac  A		δĀ	eri	ō		E i		δĒ	eri	ō	

							Race/E	thnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale		-			Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	1	0	0	0	0	0	0	1	1	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	1	0	0	0	0	0	0	1	1	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2023 EMPLOYER IN	FORM	AHO	N KEI	OKI (	EEO-	COM	PONE.	N I I)					ation Dat		
				TON A BLISHN				RT							
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID															
AC16425					С	HICAG	O IL - C	ORPO	RATE (	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	31
			RS OR	ESTAB	LISHN	MENT-I				ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
EB31072							Wi	chita K	S						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADI	DRESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
3002 W Pawnee,	Suite 1	00					V	VICHIT	Α			KS		672	13
	SECTI	ON D -	-EMPI				TION N	UMBE	R (EIN	)	ı		<b>I</b>		
	9	SECTION	ON E				FLIGI	RILITY	v						
X YES (Employer Is Eligible										NO LOI	NGER I	IN BUS	INESS		
SEV.		Un	ique En	tity ID (	UEI):	Not App	licable	11011 (	паррпе	uoic)					
VFS (Single-Establishm	ent Emr		-	-				tahlishm	nent Fm	nlover is	Federa	l Contra	ctor)		
<del>_</del> _ , ,	•	-													
☐ YES (F	Ieadqua	rters is l	Federal	Contrac	tor)	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	ractor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	Establish	ments i	s Federa	ıl Contra	actor)			
	400								1						
	423°	CTION	V H – V	VORKE	ORCE	DEMO	ercnant GRAPF	TIC DA	Salers TA						
	Hisp	anic							•	atino					
					М	ale					Fer	nale			
				an		ın or ander	ın or /e	aces		can		ın or ander	in or	aces	Row
JOB CATEGORIES	_	<u>o</u>	•	fric	_	aiie Isi	dia	2		o eri	_	aii l	ati	8	Total
	ale	ma	hit	r A	siaı	a w	n R	<u>o</u>	hit	A G	sia	aw	n R	lor	
	2	E E	≥	ko	Ä	E S	ical	_ ≥	≥	3a an	¥	E S	ical	rΝ	
				lac A		i i i	ıeri Ala	00		, E		i e	leri Ala	0 0	
				В		Pa The	Am,	Ž		₹		Pai The	Απ'	Ž	
						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	SECTION B - EMPLOYER IDENTIFICATION													2	
Professionals	EMPLOYER NAME													0	
Technicians															0
Sales Workers	1	0	9	1	0	0	0	2	1	0	0	0	0	0	14
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	1	0	0	0	0	0	1
Laborers and Helpers	1	0	2	0	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-1	COM	PONE	NT 1)					ration Dat		
				TON A BLISHN				rT			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
	EADQU	ARTE	RS OR									able)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
QP16774							Fort	Myers	FL						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
3919 Fowle	r St						FOF	RT MYE	ERS			FL		3390	)1
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)	•		•		
	5	SECTIO	ON E -				ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPLO	OYER	NO LO	NGER	IN BUS	INESS		
SEC	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
		Uni	ique En	tity ID (	UEI):	Not App	licable	(	TI	,					
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	ent Em	ployer is	s Federa	l Contra	ctor)		
□ VES (F	leadanai	rters is I	Federal	Contrac	tor)	VES (N	on-Head	lanarter	s Establ	ishment	is Feder	al Contr	actor)		
125(1	readqua							_					uctory		
									ilicitis i	s i cucia	u Conu	ictor)			
	4231								salers						
	SE	CTION	V H – V	VORKF	ORCE		-	_							
						-1-	Not	Hispan	ic or L	atino					
	or La	atino			IVI	ale					Fer	nale			
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	SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)   Meadquarters is Federal Contractor)   YES (Multi-Establishment Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (SecTION H - WORKFORCE DEMOGRAPHIC DATA   Not Hispanic or Latino   Not Hispanic or													0	
First/Mid-Level Officials and Managers  Professionals	CHICAGO														
Professionals Technicians	EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Fort Myers FL  ENT-LEVEL ADDRESS  ETTY/TOWN  STATE  ENT-LEVEL ADDRESS  ETTY/TOWN  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  ET OF FILE ON (Employer Is Not Eligible to File)  Unique Entity ID (UEI): Not Applicable  The Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  Headquarters is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic  Or Latino  Male  Race/Ethnicity  Not Hispanic or Latino  Female  Race/Ethnicity  Race/Ethnicity  Hispanic or Latino  Or Latino  Male  Race/Ethnicity  Race/Ethnicity  Not Hispanic or Latino  Or Latin														
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	3	0	0	0	0	0	1	0	0	0	0	0	4
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

SECTION I – WORKFORCE SNAPSHOT PERIOD

0

0

12/10/2023 - 12/23/2023

0

0

0

0

0

0

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	R INFORMATION REPORT (EEO-1 COMPONENT 1)  OMB Control Number: 3046-0049 Expiration Date: 11/30/2026  SECTION A – TYPE OF REPORT														
			ESTA	BLISHN	/ENT-L	LEVEL F	REPOR	T							
		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID					_			OYER N		055105					
AC16425					C	HICAGO	J IL - C	ORPO	RATE	OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	1
SECTION C - HI	ADQU	ARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
FC93734						0	rlando								
HEADQUARTERS OR ESTABLISHME			RESS					TY/TOW				STATE		ZIP CO	
4171 L B Mcled	d Road	Ł					Ol	RLAND	0			FL		3281	1
	SECTI	ON D -	EMPI		IDENT 052920	TIFICAT	TION N	UMBE	R (EIN	)	•				
		SECTIO	ON E -				ELIGI	BILITY	7						
X YES (Employer Is Eligible	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)														
SEC	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	/Julti-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)		
YES (H	leadana	rters is I	Sederal	Contract	tor)	VES (N	on_Head	lanarters	: Fetabl	ishment i	is Feder	al Contr	actor)		
L TES (I	cauquai							_					actor)		
									ments 1	s Federa	I Contra	actor)			
	4231	140 - M	otor V	ehicle P	arts (U	INFORI	erchant	Whole	salers						
	SE	CTION	N H – V	VORKF	ORCE	DEMO									
							Race/E	-							
	Hisp	anic atino			М	ale	Not	Hispan	ic or L	atino	Eon	nale			
	OI La	Juno			IVI	ale					rei	liale			
						ř ř	ŗ.	S							
				Ę								r je	_	S	
JOB CATEGORIES	1			,,,		ın o and	ın o	ace		can		ın or ander	ın or /e	aces	Pow
		<u>o</u>	<sub>m</sub>	frica an	_	aiian o Island	ıdian o ative	e Race	ø	or ıerican	_	aiian or Islander	idian or ative	e Races	Row Total
	lale	male	hite	or Africa erican	sian	awaiian o ific Island	n Indian o a Native	lore Race	hite	ck or American	sian	awaiian or ific Islander	n Indian or a Native	lore Races	Row Total
	Male	Female	White	k or Africa American	Asian	e Hawaiian o Pacific Island	ican Indian o Iska Native	or More Race	White	Black or an American	Asian	e Hawaiian or Pacific Islander	ican Indian or Iska Native	or More Races	
	Male	Female	White	slack or Africa American	Asian	itive Hawaiian o er Pacific Island	nerican Indian o Alaska Native	ro or More Race	White	Black or frican American	Asian	rtive Hawaiian or er Pacific Islander	nerican Indian or Alaska Native	o or More Races	
	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	
								·						_	Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Total
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals								·						_	Total
First/Mid-Level Officials and Managers Professionals Technicians	0 0 0	0	0 1	0	0	0	0	0	0	0	0 0	0	0	0	0 1 0
First/Mid-Level Officials and Managers Professionals Technicians Sales Workers	0 0 0 0	0 0 0 0	0 1 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 1 0 0
First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers	0 0 0 0	0 0 0 0	0 1 0 0 1	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 1 0 0
First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers	0 0 0 0 0	0 0 0 0 0	0 1 0 0 1	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 1 0 0 1 0 2
First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives	0 0 0 0 0 0	0 0 0 0 0	0 1 0 0 1 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 1 0 0 1 0 0 1 0 2 1 1
First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers	0 0 0 0 0	0 0 0 0 0	0 1 0 0 1	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 1 0 0 1 0 2

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMI LOTEKTI	I OKWI	AHO	N KEI	OKI (	EEO-	COM	ONE	111)				Expi	ation Dat	e: 11/30/	2026
								:T							
		SECT	ION B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID									AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TV/TOV	ZNT.			CTATE		ZID CC	DE
ADDRESS															
500 W MADISON	ST STE	2800					С	HICAG	O			IL		6066	51
	EADQU	JARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME				
EB31490							Orl	ando F	L						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
1010 Grand	STATE ZIP COE Street ORLANDO FL 32805  SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E – EMPLOYER FILING ELIGIBILITY eto File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														)5
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  ole to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
		SECTIO	ON E -				ELIGI	BILITY	Y						
X YES (Employer Is Fligibl										NO LON	NGER 1	N BUS	INESS		
											, JERT				
SE	CHON							HON (	п аррис	able)					
	-		-												
YES (Single-Establishr	nent Emp	oloyer is	Federa	I Contrac	ctor) 🔝	YES (	vlulti-Es	tablishm	nent Em	ployer is	Federa	I Contra	ctor)		
YES (	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
		Пу	ES (O	ne or Mo	re Non	-Headau	arters F	ctablich	ments i	s Federa	1 Contra	actor)			
						_			inicitts i	3 I cacia	ii Contre	ictor)			
	423								salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
	Hisp	panic								atino					
					М	ale					Fen	nale			
						ج جا	⊱	S		_		F F	<b>-</b>	S	
				an		a c	n (	ä		car		2 2	ın c	ä	Row
JOB CATEGORIES		ø.		ᇎᇉ		iiia Isla	dia Itiv	ě		P. i		iia Isla	dia	ě	Total
	<u>e</u>	Jale	ite	Ţ, Ā	an	ii 🤏	ΰε	ore	iţe	i k	ian	ii 🤏	Ľ ĸ	ore	TOLAI
	Ĕ	eπ	¥	ᅙᅙ	Asi	E H	an ka	Ĕ	₹ .	lac n A	Asi	를 무	an ka	Ĕ	
		ш		호호	_	စ္ မိ	ric as	ō	_	<u> </u>	_	e g	ric	ō	
				Bla		ati	Me Al	٥		√fri		atiy	me Al	٥	
				_		Žξ	⋖	⊭		1		Ž	A	⊭	
	ļ														
Executive/Senior Level Officials and Managers															0
First/Mid-Level Officials and Managers Professionals						_									6
Technicians		<del> </del>	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	CITY/TOWN   STATE   ZIP CODE														6
Administrative Support Workers	Expration Date: 11/30/20   SECTION A - TYPE OF REPORT     ESTABLISHMENT-LEVEL REPORT     SECTION B - EMPLOYER IDENTIFICATION     EMPLOYER NAME     CHICAGO IL - CORPORATE OFFICE     CITY/TOWN														0
Craft Workers	SECTION A - TYPE OF REPORT   ESTABLISHMENT-LEVEL REPORT   SECTION B - EMPLOYER IDENTIFICATION   EMPLOYER NAME   CHICAGO   IL   CORPORATE OFFICE														0
Operatives Laborers and Helpers				_			_								34 6
Service Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2023 REPORTING YEAR TOTAL	27	1	12	10	1	0	0	1	1	1	0	0	0	0	54
DDIOD 2022 DEDODTING VEAD TOTAL	24	0	13	10	1	0	0	0	2	1	0	0	0	0	51

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REF	ORT (	EEO-1	COM	PONE	NT 1)					ontrol Nu ration Dat			
			SECT	ION A	– TYPI	E OF RI	EPORT				ı					
			ESTA	BLISHN	ΛΕΝΤ-Ι	EVEL I	REPOR	T:								
		SECT	TION B	- EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID								OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS					1		CI	TY/TOW	/NI			STATE		ZIP CO	DE	
	т отг	0000														
500 W MADISON S SECTION C – HE			RS OR	FSTAR	I ISHN	IENT-I		HICAG		FION (it	f applies	IL able)		6066	) I	
HQ/ESTABLISHMENT-LEVEL UNIT ID	ADQU	AKIL	KS OK	LOIAD	HEADC	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME	иоте)				
EV28841					`		d CA -									
						WICTOO				осрог		~~.~~		=======================================		
HEADQUARTERS OR ESTABLISHME			DRESS					TY/TOW				STATE		ZIP CO		
195-A South Hig	hway 5	59					N	IERCE	D			CA		9534	11	
	SECTI	ON D -	- EMPI			TIFICA' 557	TION N	UMBE	R (EIN	)	•					
		SECTION	- FEDERAL CONTRACTOR DESIGNATION (if applicable)													
YES (Employer Is Eligible	to File)	Пло	NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  - FEDERAL CONTRACTOR DESIGNATION (if applicable)													
			NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable													
SEC	TION		NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  F - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable													
	-		FEDERAL CONTRACTOR DESIGNATION (if applicable)													
YES (Single-Establishm	ent Emp	oloyer is	-FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable													
☐ YES (H	leadqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lquarters	s Establ	ishment	is Feder	ral Conti	ractor)			
	-							_		s Federa						
									ments i	s redera	i Conu	actor)				
	422					INFOR			colore							
	423 SF	CTION	JH – V	VORKE	ORCE	DEMO	CRAPE	HC DA'	TA							
	SE	201101	111 - 1	OKK	ORCE		Race/E									
	∐ien	anic	1					Hispan		atino						
		atino			м	ale	NOL	пізрап	IC OI L	auno	Fer	nale				
	0. 2											I				
JOB CATEGORIES		Ф		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 Islander	American Indian or Alaska Native	Two or More Races	Row Total	
	Male	Female	White	ck or Afric American	Asian	ic Na	Ľ Š	ore	White	Black or an Amer	Asian	ic Wa	ĕ ĕ	ore	TOLAI	
	Ĕ	 E.	×	r or	As	Ha aci	san	Š	Ì	lac n A	As	E Ha	ika ika	Š		
				ack Ar		Š Ģ.	eric Jas	ō		Б		δĢ	eric Jas	ō		
				Bis		ati he	μ̈́Α	۸o		Afr		ati he	۷ ي	۸o		
						Ζŏ	⋖	ŕ		_		Zδ	⋖	ŕ		
For earth of Company and Commission								•			_			•		
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	1	0	0	0	1	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	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	
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	
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	1	1	0	0	1	0	0	0	0	0	0	0	0	0	3	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`				,				Expir	ation Dat	e: 11/30/	2026
				TION A				_							
		CECT		BLISH											
OFS COMPANY ID		SECI	ION B	B – EMP	LUYE	K IDEN		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	51
SECTION C - I	IEADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME				
EP38677						Hous	ton TX			SW					
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOV				STATE		ZIP CC	
12575 Hiram	Clarke R	d					Н	OUSTO	)N			TX		7704	15
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)					
				EMPL											
X YES (Employer Is Eligib											NGER	IN BUS	INESS		
S	ECTION			L CONT tity ID (				TION (	if applic	able)					
VEC (Single Establish	mont Emr							tablichn	ont Em	nlover ic	Endora	1 Contro	otor)		
<del>-</del> · · ·	-	-													
☐ YES	(Headqua	rters is l	Federal	Contrac	tor)	YES (N	lon-Head	lquarter	s Establ	ishment	is Fedei	al Contr	actor)		
	ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  (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														
	423			ON G - I ehicle P					salers						
				VORKF											
							Race/E		•						
		anic				la.la	Not	Hispan	ic or L	atino.					
	or L	atino 			IVI	ale					Fer	nale			
				_		or der	ō	es		L		or der	ō	sə	
JOB CATEGORIES				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 Alaska Native	Two or More Races	Row
JOB CATEGORIES	<u>0</u>	Female	ţ	ck or Afrio American	ᇣ	waii c Is	Ind	re	ţ	Black or an Amer	an	waii c Is	Ind	re	Total
	Male	em	White	or	Asian	Ha	an ka l	Mo	White	lacl n A	Asian	Hay	an ka	Mo	
		ш	_	An		δ g	eric las	or		B	,	e e	eric las	or	
				B		lati the	Am.	, ,		Afr		lati	ΨÃ	, Mo	
						- 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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals Table Side Re-	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	4	2	0	1	0	0	0	0	0	0	0	0	0	0	7
Administrative Support Workers Craft Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	4	2	0	5	0	0	0	0	0	0	0	0	0	0	3 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 2023 REPORTING YEAR TOTA		7	1	8	0	0	0	0	0	0	0	0	0	0	26
CONNENT 2023 REPORTING TEAR TOTAL	- 10	'	<u>'</u>	U	U	J	J	J	U	U	J	U	J	J	20
PRIOR 2022 REPORTING YEAR TOTA	_ 6	5	1	8	0	0	0	0	0	0	0	0	0	0	20

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

0

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-1	1 COM	PONE	NT 1)							
	A ST STE 2800 CHICAGO IL 606  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Oxnard CA  MENT-LEVEL ADDRESS CITY/TOWN STATE ZIP C														
			ESTA	BLISHN	/ENT-l	EVEL	REPOR	RT							
		SECT	TON B	– EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	20112		2012				AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
												CITE A ITEM	1	ZID CC	DE
ADDRESS															
														6066	51
SECTION C - HI HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR									able)			
`					HEADQ	UARTE				I-LEVEL	NAME				
QP17282							Ox	nard C	A						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADI	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
501 N Elev	ar St						C	XNAR	D			CA		9303	30
	SECTI	ON D -	EMPI	OYER	IDENT	TIFICA'	TION N	UMBE	R (EIN	)					
	52011	952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS													
	952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
X YES (Employer Is Eligible	to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEO	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
52	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
☐ VES (Single-Establishm	Unique Entity ID (UEI): Not Applicable														
<del>-</del> · · ·	-	•													
☐ YES (I	Ieadqua	rters is l	Federal	Contrac	tor)	YES (N	lon-Head	dquarter	s Establ	ishment	is Fedei	al Contr	actor)		
		□ Y	ES (O	ne or Mo	re Non	-Headqu	arters E	Establish	ments i	s Federa	l Contra	actor)			
	400														
				VORKF											
		01101	111 /	· OILIII	ORCE		Race/E								
	Hisp	anic						Hispan		atino					
	or La				М	ale	1101	Пэрап	lic oi L	atino	Fer	nale			
	0. 20										. 0.	<u> </u>			
						~ <u>=</u>	-	ģ		_		~ <u>p</u>	-	S	
				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	Da
JOB CATEGORIES		ø.		ric		ija Isla	nerican Indian Alaska Native	8		or eric		iia Isla	nerican Indian Alaska Native	S.	Row Total
	Male	Female	White	ck or Afric American	Asian	×	Na Na	J.	White	Black or an Amer	Asian	wa  c	₽ S	ore	Total
	Ma	eπ	₹	e e	Αsi	FE	an ka	Ĕ	₹	lac n A	Αsi	E H	an ka	Ĭ	
		ш	_	A Ck	_	e e	ric as	ō	_	G B	_	P e	ric as	or	
				3 <u>a</u>		e i	ne Al	Q		fri		ē È	β A	0/	
				ш		I 및 된	Ā	≥		⋖		I N 된	Ā	≥	
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 Taghnicians	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	Λ	0	0	Ο	0	0	0	0	0	Ω	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

0

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWI LOTEKT	AT OKWI	AHO	IN INE	OKI (.	EEO-	COM	ONE	111)				Expir	ation Dat	e: 11/30/	2026
				TION A · BLISHN				:T			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - I	IEADOI.	ARTE	RS OR	FSTAR	I ISHN	/FNT_I	EVEL	IDENT	IFICA'	FION (if	fannlica	ble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	AKIL	NO OK							Γ-LEVEL		ioic)			
EB31436							Мо	nroe L	A						
HEADQUARTERS OR ESTABLISH	/ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
4950 Cent	ral Ave						M	IONRO	Е			LA		7120	)3
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)					
				EMPLO	OYER	FILING									
X YES (Employer Is Eligib											IGER I	N BUSI	NESS		
Si	ECTION							ΓΙΟΝ (i	if applic	able)					
<b>—</b>	_		_	tity ID (					_						
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	I Contrac	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federal	Contrac	ctor)		
☐ YES	(Headqua	rters is I	Federal	Contract	tor) 🔲	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	ictor)			
				)N G – N											
				ehicle P VORKF											
	7	201101	111 /	· OILIII	ORCL		Race/E								
	Hisr	anic						Hispan		atino					
		atino			M	ale					Fen	nale			
						_						_			
				Ę		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES		a)		Black or African American		iiar Sla	nerican Indian Alaska Native	Ra		Black or African American		iiar Sla	nerican Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	wa ic I	Na Na	ore	White	Black or an Amer	Asian	wa	la Na	ore	Total
	ĭ ĭ	ė.	×	ner	Asi	Ha	an	Ĕ	Š	lac n A	Asi	Ha	an	Ĕ	
		ш.		Ş ₹	_	δĢ	eric las	ō		B Ga	,	e ve	eric las	ō	
				ä		ati he	ă V	8		Afr		lati he	A A	8	
						2 5	٩	-				2 8	٩	-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	6	1	0	0	0	0	2	0	0	0	0	0	9
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	5	2	0	0	0	1	0	0	0	0	0	0	8
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA		0	13	3	0	0	0	1	2	0	0	0	0	0	19
COMMENT 2020 NET ONTING TEAN TOTAL	- <u> </u>		10	, J	J		, , , , , , , , , , , , , , , , , , ,		-			<u> </u>	J		
PRIOR 2022 REPORTING YEAR TOTA	L 0	0	13	3	0	0	0	1	2	0	0	0	0	0	19

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENII EO I ENII	(I OIL)I		· · · · · ·	0111 (	LLO .	1 00111	1 0112	.,				Expir	ation Dat	e: 11/30/	/2026
				TION A BLISHN				RT.			•				
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADQU	ARTE	RS OR									ıble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE				Γ-LEVEL	NAME				
FC87361								e FL -			•				
HEADQUARTERS OR ESTABLISHM		EL ADE	DRESS				CI	TY/TOV	VN			STATE		ZIP CC	DDE
4301 S Stat								DAVIE				FL		333	14
	Unique Entity ID (UEI): Not Applicable														
X YES (Employer Is Eligib										NO LOI	NGER I	N BUSI	NESS		
-		Uni	ique En	tity ID (	UEI):	Not App	olicable	(	11	,					
☐ VES (Single-Establish)	nent Emr							tablishn	nent Em	nlover is	Federa	l Contra	ctor)		
<del>-</del> · · ·	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  Shment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  S (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES	Unique Entity ID (UEI): Not Applicable  hment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	hment Employer is Federal Contractor)														
	4231	S 140 - M	ection V	ON G - N ehicle P	NAICS	INFOR	MATIO erchant	N Whole	salers						
				VORKF											
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La				М	lale					Fen	nale			
	1														
				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	4	<u>0</u>	o o	ck or Afrio American	_	aië	nerican Indian Alaska Native	e R	o o	or	_	aii Isl	nerican Indian Alaska Native	e E	Total
	Male	Female	White	er A	Asian	aw	Z Z	<u>l</u> or	White	Black or	Asian	aw	a N	<u>ō</u>	
	≥	Fe	≥	S E	ĕ	H S	cal	ľ۷	≥	3la an	Ä	E S	cal	≥	
				lac A		i e	leri Na	00		ış.		i e	leri Na	0	
				<u>m</u>		Nat	Am ,	Š		Αŧ		Nat the	Am,	Ž	
						- 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	2	1	1	0	0	0	0	0	0	0	0	0	0	0	4
Professionals	1	0	0	0	0	0	0	0	0	1	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	5	1	0	2	0	0	0	0	0	0	0	0	0	0	8
Administrative Support Workers	2	0	0	1	0	0	0	0	2	0	0	0	0	0	5
Craft Workers Operatives	3	2	0	3 13	0	0	0	1	0	0	0	0	0	0	6 19
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 2023 REPORTING YEAR TOTAL		4	1	19	0	1	0	1	2	1	0	0	0	0	44
PRIOR 2022 REPORTING YEAR TOTAL	7	2	0	14	0	0	0	1	0	1	0	0	0	0	25

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

Freeport Center Bldg. E-16

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

84016

UT

	~	YPE OF REPORT		
	ESTABLISHME	NT-LEVEL REPORT		
	SECTION B - EMPLO	YER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E	
GA31181		Salt Lake City UT - KAO Logis		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE

## ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

## 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): Not Applicable

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

**CLEARFIELD** 

### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

## SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5E	CHOP	(H - V	VUKKI	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	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	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	6	1	0	0	0	1	3	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 2023 REPORTING YEAR TOTAL	0	0	8	1	0	0	0	1	3	0	0	0	0	0	13
PRIOR 2022 REPORTING YEAR TOTAL	0	0	11	0	0	0	0	0	3	0	0	0	0	0	14

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII EOTEKTI	II OKWI	AHO	N KE	OKI (.	EEO-	COM	ONE	111)				Expi	ation Dat	e: 11/30/	2026
								:T			•				
		SECT	TON F	– EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		SECI	10.11	22.,11	LOIL	I IDE.			AME						
AC16425					С	HICAG				OFFICE					
ADDRESS					1		CI	TV/TOV	7NT			CTATE	1	ZID.CC	NDE
	OT OTE	0000													
														6066	01
	EADQU	JARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	(UARTEI				Γ-LEVEL	NAME				
EB31712							Dul	ouque l	Α						
HEADQUARTERS OR ESTABLISHM	SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY le to File) \( \bigcap \text{NO} \) (Employer Is Not Eligible to File) \( \bigcap \text{ EMPLOYER NO LONGER IN BUSINESS} \)														
2400 Kerper Blvd	, Suite 1	Dubuque IA  NT-LEVEL ADDRESS CITY/TOWN STATE DUBUQUE IA 5200  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY TO File NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  TION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable													
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  ele to File)  NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
		SECTIO	ON E -				ELIGI	BILITY	Y						
X YES (Employer Is Eligib)										NO LON	NGER I	N BUS	INESS		
											TOLIC				
SE	CHON							HON (I	п аррис	able)					
VEC (Circle E-tellish	F		-					1. 1! . 1	E	1	To do not	1.0	-4		
_						,							,		
☐ YES (	Headqua	rters is I	Federal	Contract	tor) 🔲	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
		Пу	ES (O	ne or Mo	re Non	-Headau	arters E	stablish	ments i	s Federa	l Contra	actor)			
						_						,			
	4231								salers						
	SE	ECTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicity	у						
							Not	Hispan	ic or L	atino					
	or La	atino		, ,	M	ale					Fen	nale			
				Ę		or nder	or e	ces		an		or nder	or e	ces	
JOB CATEGORIES				اغ د		iiar sla	liar	Ra		ric		iiar sla	liar tive	Ra	Row
	<u>e</u>	ale	ite	Pica Afi	an	ic I	Inc Na	ore	ite	k o	an	ic I	Inc Na	ore	Total
	Ma	e.	₹	io.	Asi	Ha	ka	ĭ	Š	lac n A	Asi	Ha Scif	an ka	ĭ	
		ш.		A K	•	δģ	eric las	ō		B	_	å <u>ç</u>	eric las	ō	
				B		lati he	ğΥ	8		Afr		lati he	Ĕ A	8	
						<b>~</b> 8	4	-				<b>~</b> 8	4	-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	n	n	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	_	0		0	0	0	0	0	0	0	0			0	0
Sales Workers Administrative Support Workers	SECTION A - TYPE OF REPORT   ESTABLISHMENT-LEVEL REPORT   SECTION B - EMPLOYER IDENTIFICATION   EMPLOYER NAME   CHICAGO   L - CORPORATE OFFICE														6
Craft Workers	SECTION B - EMPLOYER IDENTIFICATION   EMPLOYER NAME   CHICAGO IL - CORPORATE OFFICE														0
Operatives	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
Laborers and Helpers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	. 0	0	16	0	0	0	0	1	1	0	0	0	0	0	18
DRIOR 2022 REPORTING VEAR TOTAL	0	0	17	0	0	0	0	1	1	0	0	0	0	0	10

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-1	I COM	PONE	NT 1)					ation Dat			
						E OF RI LEVEL I		T.								
		SECT	TION B	B – EMP	LOYE	R IDEN										
OFS COMPANY ID								OYER N								
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE	
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61	
SECTION C - H	EADQU	ARTE	RS OR									able)	•			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME					
EP38886						Milw	aukee \	NI -SS	AutoPa	arts						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADI	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DE	
6102 South 13	Th Stree	et					MIL	WAUK	ŒE			WI		5322	21	
	SECTI	ON D -	- EMPI		IDENT 052920	TIFICA'	TION N	UMBE	R (EIN	)	•		•			
	;	SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y							
XYES (Employer Is Eligib	e to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS			
SF	CTION	F – FE	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)						
		Un	ique En	tity ID (	UEI):	Not App	licable									
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)			
□ ves (	Headana	rters is l	T - FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable  oyer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)  ters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)													
L ILS	Treadqua												actor)			
									ments 1	s Federa	I Contra	actor)				
	423					INFOR			salers							
						DEMO										
							Race/E									
	Hisp	anic					Not	Hispan	ic or L	atino						
	or L	atino			М	ale					Fer	nale				
						_						į.				
				_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		Ę		Native Hawaiian or Other Pacific Islande	ō ,	Two or More Races		
JOB CATEGORIES				Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Хас		Black or African American		Native Hawaiian or Ither Pacific Islande	American Indian or Alaska Native	Rac	Row	
JOB CATEGORIES	O)	Female	ē	ck or Afric American	⊊	vai	nd Vat	<u>ē</u>	ā.	Black or	⊊	vai	nd Aat	le l	Total	
	Male	Ĕ	White	or,	Asian	da Cifi	an	₽	White	ack A	Asian	da C≓i	an	Wo		
		ш	>	ck An	٩	Pa	rica	<u>_</u>	>	Bl	•	Pa	rici	or		
				sla.		ti e	nel Ala	ě		fric		e ţi	Ag Pe	0/		
				ш		울동	Ā	₽		⋖		울동	Ā	≥		
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	1	
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	1	0	0	1	0	0	0	0	1	1	0	0	0	0	4	
Administrative Support Workers	0	0	1	0	0	0	0	0	0	1	0	0	0	0	2	
Craft Workers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	
Operatives	5	0	2	1	0	0	1	0	0	0	0	0	0	0	9	
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	
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	. 8	0	4	2	0	0	1	0	1	3	0	0	0	0	19	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI EO I EMI	111 01411	21110	· · · · · ·	(	LLO.	1 001/1	1 01 (12)	. (1 1)				Expir	ration Dat	e: 11/30/	2026
				TION A BLISHN				:T							
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C -	HEADQU	ARTE	RS OR									able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
EB31620								ngton l							
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOW				STATE		ZIP CC	
2040 Creative D								XINGT				KY		4050	)5
					952920	557				)					
X YES (Employer Is Eligi				EMPLO Oyer Is N						NO LOI	NGER I	IN BUSI	INESS		
	ECTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA'								
VES (Single Establish	amont Ema							to bliobas	ont Em		Fodom	1 Contro	atau)		
<del>-</del> · · ·	•	•													
☐ YES	Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	(Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	423	S 140 - M	ECTIO	ON G - I ehicle P	NAICS	INFOR	MATIO erchant	N Whole	salers						
				VORKF											
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	.atino					
	or L	atino		1	M	ale				1	Fer	nale	1		
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		can		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Dow
JOB CATEGORIES		<u>e</u>	ø.	Black or African American	_	aiia Isk	nerican Indian Alaska Native	e R	o o	Black or African American	u	aiia S Isk	nerican Indian Alaska Native	e R	Row Total
	Male	Female	White	or /	Asian	law cific	an II ca N	Mor	White	Black or an Amer	Asian	la cific	an II	Mor	
	-	ıΨ	>	Am	٩	Ve F	erica las k	o L	>	Bla	۷	Ve F	erica lask	٥	
				Bla		dativ	Ame Al	Ň		Afri		dativ	Ame Al	Ň	
						-0	`	_				-0		_	
Executive/Senior Level Officials and Managers		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	1	0	0	0	0	0	3
Professionals Tachnicians	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	1	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	9	2	0	0	0	0	0	0	0	0	0	0	11
Laborers and Helpers	0	0	8	0	0	0	0	0	1	0	0	0	0	0	9
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	<b>.L</b> 0	0	21	2	0	0	0	0	4	0	0	0	0	0	27
PRIOR 2022 REPORTING YEAR TOTAL	L 0	0	20	2	0	0	0	0	4	0	0	0	0	0	26

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII LOTEKTI	(I OKW	AHO	N KEI	OKI (	EEO-	COM	I ONE.	N1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHN				RT.			,				
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	10112		2012			OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADQU	ARTE	RS OR									ıble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID  QP17062					HEADQ	UARTE		flower (		Γ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	MENTE LEX	EL ADD	DECC					TY/TOW				CT A TE		ZID CC	DE
HEADQUARTERS OR ESTABLISHM 9162 E Ros		EL ADL	DRESS					LFLOV				STATE		2IP CC	
0102 E 1100		ON D -	EMPI							)				3070	
X YES (Employer Is Eligib	SECTION E – EMPLOYER FILING ELIGIBILITY  ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
_	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establish	Unique Entity ID (UEI): Not Applicable														
☐ YES (	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	ment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor)   YES (Non-Headquarters Establishment is Federal Contractor)														
				)N G - 1											
	4231 SF	<u> 140 - M</u> CTION	otor V	ehicle P VORKF	ORCE	DEMO	erchant GRAPF	Whole	salers TA						
	T		, ,	, 011111	ORCE		Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
				_		or	or	ses		ı,		or	ō	ses	
JOB CATEGORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
	Male	Female	White	ck or Afric American	Asian	awa ffic I	ı Na	ore	White	Black or	Asian	awa ific I	lnc Na	ore	Total
	Σ	Fer	₹	k o	As	e Ha	icar ska	r M	₹	Blac an /	As	H2 aci	icar	rM	
				slac A		itive er F	ner Ala	0 0/		fric		tive er F	ner Ala	0 0/	
						SE	Ā			<		≥ £	Ā		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	_ 5	0	0	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	_ 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

0

0

12

0

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
			SECT	ION A	– TYPI	E OF RI	EPORT								
			ESTA	BLISHN	/ENT-l	EVEL	REPOR	RT							
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	<b>61</b>
SECTION C - HE	EADQU	ARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
QP16840							Fri	dley MI	N						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
104 Osborne	Road						F	RIDLE	Υ			MN		5543	32
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	)			<b>I</b>		
	-	TECTIO	ONE	EMPL	952920		FLICI	DII ITI	17						
X YES (Employer Is Eligible										NO LOI	NGER I	IN RUS	INESS		
				L CONT									. (200		
SEC	JION.			tity ID (				11011 (1	п аррпс	able)					
YES (Single-Establishm	ent Emn							tablishm	nent Em	nlover is	Federa	1 Contra	ctor)		
	_	-													
YES (H	leadquai	rters is l	rederal	Contrac	tor) 🔲	YES (N	lon-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
				ne or Mo		•			ments i	s Federa	ıl Contra	actor)			
	4231			ON G - N ehicle P					salers						
				VORKF											
							Race/E	thnicit	у						
	Hisp						Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fer	nale			
				_		Native Hawaiian or Other Pacific Islander	or	ses		£		Native Hawaiian or Other Pacific Islander	٥	Two or More Races	
JOB CATEGORIES				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	Rac	Row
JOB GATEGORIES	<u>e</u>	Female	ţ	ck or Afric American	an	kai C Is	Ind	ē	te	Black or an Amer	ᇣ	vai c Is	lud Nat	re	Total
	Male	e u	White	or .	Asian	- a cii a	an Ka l	<b>₩</b>	White	act A	Asian	da Cifi	an Ka l	Mo	
		Ľ.	_	A G	•	Pa Pa	ric	ō	_	g m	~	Pa Pa	ric	or	
				31a		atj.	me Al	0		ij		atj	A M	0	
				_		žŧ	Ā			4		žŧ	₹		
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	9	0	0	0	0	0	0	0	0	0	0	0	12 0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

0

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A - TYPE OF REPORT

	ESTABLISHME	NI-LEVEL REPORT												
	SECTION B - EMPLO	OYER IDENTIFICATION												
OFS COMPANY ID		EMPLOYER NAME												
AC16425														
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE										
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661										

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Selinsgrove PA-KAO AA Hummels FM66085

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 2075 N Susquehanna Trl **SELINSGROVE** PA 17870

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	( n – v	VUKKI	OKCE	DEMO	GKAPI	HC DA	1A						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
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	1	0	0	0	0	0	0	0	0	0	0	0	1
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 2023 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	i i Oiu		, , , ,	(	LLU.		1 0112	(1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A BLISHN				·T							
		07.07													
OFC COMPANY ID		SECT	TON B	B – EMP	LOYE	R IDEN			AME						
OFS COMPANY ID					0			OYER N		055105					
AC16425					C	HICAG	O IL - C	URPU	RAIE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
			DC OD	ECT A D	T TOTA	AENTE I				TION (:4	1:				
SECTION C – HO/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	AKIL	KS UK	ESTAB	HEADO	ILARTEI	RS OR ES	TARI IS	HMEN	Γ-LEVEL	NAME	ibie)			
`					TIL/ IDQ	OMMILI				I-LL V LL	1 (7 LIVIL				
X828045								inton M							
HEADQUARTERS OR ESTABLISH			RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
250 John Har	cock Roa	ad					T	AUNTC	N			MA		0278	30
	SECTI	ON D -	EMPI	LOYER	IDENT	TIFICA'	TION N	HMRE	R (FIN	)	I				
				9	952920	557				,					
X YES (Employer Is Eligi				· EMPLO						NO LON	JCER I	N RUSI	INESS		
											10LK	T DCDI	LILEDS		
S	ECTION	F – FEI	DERAI	L CONT tity ID (	RACT	OR DE	SIGNA'	TION (i	it applic	able)					
_															
☐ YES (Single-Establish	ıment Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	(	· ·													
									ments 1	s Federa	l Contra	actor)			
	400	S	ECTIO	)N G -1	NAICS	INFOR	MATIO	N							
				ehicle P											
	SE	CTION	N H – V	VORKF	ORCE										
							Race/E		,						
		anic					Not	Hispan	ic or L	atino					
	or L	atino			IVI	ale				1 1	Fen	nale			
						_						_			
				_		o g	ō	es		⊊		ာ် မွ	ō	Š	
IOP CATECORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	0	<u>e</u>	a)	ck or Afrio American	_	aii s	ndi Iat	ē	O)	Black or	_	aii	ndi Iat	e e	Total
	Male	Female	White	or A	Asian	a iii	n R	<u> </u>	White	A &	Asian	aw	n R	<u> </u>	
	≥	<u>a</u>	≥	ko	٧	H S	cal	≥	≥	339	ĕ	E S	cal	≥	
		_		ac		Ρ̈́	eri	ō		ш <u>і</u> ў		Fe	eri	0	
				B		lat	₩,	.ĕ		Αŧ		lat	m. ✓	ĕ	
						20	`	_				20	`		
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	1	0	5	0	0	0	0	0	1	0	0	0	0	0	7
Professionals	0	0	2	0	0	0	0	0	3	0	0	0	0	0	5
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	1	0	0	0	0	0	9	0	0	0	0	0	11
Administrative Support Workers	0	0	0	0	0	0	0	0	10	0	0	0	0	1	11
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives Laborers and Helpers	0	0	10 10	2	0	0	0	2	0	0	0	0	0	0	19 15
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL		0	29	4	0	1	0	5	24	0	0	0	0	1	69
CORRENT 2023 REPORTING TEAR TOTA	5	U	29	4	U	<u> </u>	U	0	24	U	U	U	U	'	69
				40					-00						70
PRIOR 2022 REPORTING YEAR TOTA	L 7	1	25	10	0	1	0	4	23	0	0	0	0	1	72

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMI LOTER II	II OKW	AHO	N KE	OKI (	EEO-J	COM	ONE	111)				Expir	ation Dat	e: 11/30/	2026	
								:T								
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID									AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TV/TOV	VN.			STATE		ZIPCC	DE	
	ет ете	2000														
	HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Abilene TX  HMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CO  BACKWARD ABILENE TX 796  SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – 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): Not Applicable Shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														)	
	IEADQU	ARTE	RS OR									ıble)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				-LEVEL	NAME					
JT56816							Ab	ilene T	X							
HEADQUARTERS OR ESTABLISHM	IENT-LEV	EL ADE	RESS				CI	TY/TOV	VN			STATE		ZIP CC	DE	
933 South Trea	daway B	lvd					Α	BILEN	E			TX		7960	)2	
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)	<u> </u>		I			
		SECTIO	ON E -				ELIGI	BILIT	Y							
X YES (Employer Is Eligib										NO LOI	NGER I	N BUSI	NESS			
SI	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA	ΓΙΟN (i	if applic	able)						
									**							
☐ <b>YES</b> (Single-Establish	ment Emp	lover is	Federa	l Contrac	tor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federal	Contra	ctor)			
<del>_</del> , , ,	-	•														
☐ YES	Headqua	rters is I	rederai	Contract	or)	YES (N	on-Head	iquarter	s Estabi	isnment	is Feder	al Contr	actor)			
	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)															
	423								ealere							
							Race/E	thnicit	у							
	Hisp	anic					Not	Hispan	ic or L	atino						
	or La	atino			M	ale					Fen	nale				
				an		n or ınder	n or e	ses		an		n or ınder	n or e	aces		
JOB CATEGORIES		O		iric	_	ajja Isla	dia	8		or eric	_	aiia Isla	dia ativ	8	Row Total	
	ale	nal	hite	r A	ian	lic ax	ΞŽ	ore	hite	k G	ian	awa fic	ΞŽ	ore	Iotai	
	Ž	Fe	₹	me Ko	As	aci ૠ	car	Σ	₹	slac an /	As	Ha	car ska	Σ		
		_		acl		<u>.</u> ĕ	eri	ō		ış:		ive r P	eri Na:	ō		
				<b>≅</b>		lat the	Am /	ĕ		Αŧ		lat the	Am 4	Ž		
						- 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Professionals			_		0	0	0	0	0	0					0	
Technicians		CHICAGO IL - CORPORATE OFFICE														
Sales Workers Administrative Support Workers										0						
Craft Workers	_		CTITY/TOWN CHICAGO IL 6066  RS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Abilene TX  ORESS CITY/TOWN ABILENE TX 7960  -EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  ON E - EMPLOYER FILING ELIGIBILITY (Employer Is Not Eligible to File)													
Operatives															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 2023 REPORTING YEAR TOTAL	_ 1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
DDIOD 2022 DEDODTING VEAD TOTAL	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	11 0111.11		, , , ,	(	LLO .	00111	1 0112	. (1 1)				Expi	ation Dat	e: 11/30/	2026
				TION A BLISHN				rT.			•				
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C – I HO/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	RS OR	ESTAB	HEADO	MENT-L UARTEI	EVEL	IDENT	IFICA'	FION (i	f applica	able)			
QP16270					HEADQ	VOARTE	Freder			I-DEVEL	IVAIVIL				
HEADQUARTERS OR ESTABLISHM	MENT-LEV	/EL ADE	RESS				Cl	TY/TOW	VN			STATE		ZIP CC	DDE
24 Enterpris	e Ct103						FREDE	RICKS	BURG	i		VA		2240	05
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)	•				
_				EMPL	OYER	FILING									
X YES (Employer Is Eligib											NGER I	IN BUS	INESS		
Si	ECTION	F – FEI <u>Uni</u>	DEKAI ique En	L CONT tity ID (	TRACT UEI):	OR DE: Not App	SIGNA olicable	TION (1	if applic	able)					
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	Headqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)		
	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														
	4231	S 140 - M	ectic	ON G - I ehicle P	NAICS	INFOR	MATIC erchant	N Whole	salers						
				VORKF		DEMO	GRAPI	IIC DA	TA						
			1				Race/E		•						
		anic atino			М	ale	Not	Hispan	IC OF L	atino	Fen	nale			
						_						_			
				can		Native Hawaiian or Other Pacific Islander	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	Row
JOB CATEGORIES	<u>o</u>	ale	ţ.	Black or African American	E E	vaiia c Isl	India	re R	te	c or meri	E E	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	re R	Total
	Male	Female	White	k or mer	Asian	Hav	can	Mo	White	Black or	Asian	Hav	can ska	Μ̈́	
		_		lacl A		tive er P	neri Alas	10 0,		frica		tive er P	neri Alas	ō	
				ш		S a	A	<u>^</u>		¥		g Pa	A	≱	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
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 2023 REPORTING YEAR TOTAL	_ 0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	_ 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZVZV ZWII ZV I ZWI	11 014.12		, 1121	(	LLU.		1 01 12	(1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A -				:T			•				
		SECT		B – EMP											
OFS COMPANY ID		BECI	TON	, — 151VII	LOIL	K IDEA		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81
SECTION C - I	IEADQU	ARTE	RS OR	<b>ESTAB</b>	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	applica	able)	,		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
GN78680						E	Ikhart II			)					
HEADQUARTERS OR ESTABLISHN 524 Pine Cre			DRESS					TY/TOW				STATE		ZIP CO	
524 Pine Cre			EMDI	OVED	IDENT	PIETO A		LKHAR		`		IN		4651	10
					952920	557				,					
X YES (Employer Is Eligib				• EMPLO oyer Is N						NO LON	IGER I	IN BUSI	INESS		
	ECTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA'								
□ xmg /g;	Unique Entity ID (UEI): Not Applicable  shment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	nment Employer is Federal Contractor)														
☐ YES	(Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
	(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														
	422	S:	ECTIO	ON G - N ehicle P	NAICS	INFOR	MATIO	N Whole	calore						
				VORKF											
							Race/E		,						
		anic atino			M	ale	Not	Hispan	ic or L	atino	Fon	nale			
	Of La	atino			IVI	ale					ren	naie			
				_		or der	ō	es		ے		or der	ō	es	
JOB CATEGORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	<u> </u>	ale	ţe	ck or Afric American	an	waii ic Is	Indi Nat	ē	ţe.	Black or an Amer	au	vaii ic Is	nerican Indian Alaska Native	ē	Total
	Male	Female	White	or	Asian	Ha	an ka	€	White	lacl n A	Asian	Hay	an ka l	€	
		ш	_	Ar	,	δ g	eric las	ō		<u> </u>	•	ē e	eric las	ō	
				B		lati	\me	, ×		Afr		lati	γm <sub>A</sub>	, ×	
						2 g	1	-				<b>∠</b> 8	1	-	
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	2	0	0	0	0	0	3
Professionals	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
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	2	0	0	0	0	0	0	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
CURRENT 2023 REPORTING YEAR TOTA	_ 0	0	5	0	0	0	0	0	4	0	0	0	0	0	9
PRIOR 2022 REPORTING YEAR TOTAL	_ 0	0	4	0	0	0	0	0	0	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A - TYPE OF REPORT

	ESTABLISHME	NT-LEVEL REPORT											
	ESTABLISHIVE	NI-LEVEL REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME											
AC16425		CHICAGO IL - CORPORATE OFFICE											
ADDRES	S	CITY/TOWN	STATE	ZIP CODE									
500 W MADISON ST STE 2800 CHICAGO IL 60661													
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)													
HQ/ESTABLISHMENT-LEVEL UNIT ID	HI	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	/IE										
FM66481		Fairless Hills PA - Knopf											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
199 Canal Ro	ad, Suite 100	FAIRLESS HILLS	PA	19030									
		DENTIFICATION NUMBER (EIN) 2920557											
	SECTION E - EMPLOY	YER FILING ELIGIBILITY											
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File)	R IN BUSINE	SS									

#### **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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5E	CHOP	$\mathbf{H} - \mathbf{v}$	VUKKI	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	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	1	0	0	0	0	1	0	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	1	0	3	0	0	0	0	1	0	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	1	0	2	0	0	0	0	1	0	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

U.S. EQUAL EMPLO' 2023 EMPLOYER IN			N REI	PORT (	EEO-1	1 COM	PONE	NT 1)					Revised Ontrol Nu	08/2023 mber: 30-	46-0049						
			ESTA	TON A BLISHN	/ENT-l	EVEL	REPOF	RT													
		SECT	TON B	3 – EMP	LOYE	R IDEN															
OFS COMPANY ID								OYER N													
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE											
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DE						
500 W MADISON S	T STE	2800					С	HICAG	О			IL		6066	61						
SECTION C - HI	EADQU	ARTE	RS OR									able)									
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME										
EP15005							Hunting	gton IN	- IDC												
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADI	RESS				C	TY/TOV	VN			STATE		ZIP CC	DE						
1870 Riverfork	Drive V	V		HUNTINGTON IN 46750 EMPLOYER IDENTIFICATION NUMBER (EIN)																	
	SECTI	ON D -	EMPI		IDENT 952920		TION N	UMBE	R (EIN	)	,										
	;	SECTIO	ON E -	EMPL	OYER	FILING	ELIG	BILIT	Y												
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	IGER I	IN BUS	INESS								
SEC	CTION	F – FEI Uni	DERAI	L CONT	TRACT UED:	OR DE	SIGNA	TION (	if applic	able)											
☐ YES (Single-Establishm	ent Emp		_					tablishn	nent Em	ployer is	Federa	l Contra	ctor)								
TYES (H	Ieadqua	rters is l	Federal	Contrac	tor)	YES (N	Ion-Hea	dquarter	s Establ	ishment	is Feder	al Contr	ractor)								
		□ Y	ES (O	ne or Mo	ore Non	-Headqı	arters E	Establish	ments i	s Federa	l Contra	actor)									
		33999	99 - All	ON G - I Other	Miscella	aneous	Manufa	acturing	)												
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	HIC DA	TA												
							Race/E														
		anic atino				ale	Not	Hispar	ic or L	atino	F	nale									
	Of La	atino		1	IVI	ale	1				ren	naie	1								
JOB CATEGORIES	Male	Female	White	ick or African American	Asian	ve Hawaiian or Pacific Islander	rican Indian or laska Native	or More Races	White	Black or can American	Asian	ve Hawaiian or Pacific Islander	rican Indian or Iaska Native	More Races	Row Total						
				\$ ₹	-	a g	eric las	ō		B		a i	eric las	ō							

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					1
		atino			М	ale		-			Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	5	0	0	0	0	0	3	0	0	0	0	0	8
Professionals	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	7	0	0	0	0	0	1	0	0	0	0	0	8
Laborers and Helpers	0	0	24	0	0	0	0	1	7	0	0	0	0	0	32
Service Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
CURRENT 2023 REPORTING YEAR TOTAL	0	0	40	0	0	0	0	1	14	0	0	0	0	0	55
PRIOR 2022 REPORTING YEAR TOTAL	0	0	8	0	0	0	0	1	3	0	0	0	0	0	12

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-1	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
			SECT	TON A	– TYPI	E OF RI	EPORT								
			ESTA	BLISHN	/ENT-l	EVEL	REPOR	RT.							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE (	OFFICE					
ADDRESS					ı		CI	TY/TOW	7N.T		ı	CTATE		ZID.CC	DE
												STATE		ZIP CO	
500 W MADISON S	SISIE	2800					C	HICAG	O			IL		6066	51
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	T-LEVEL	NAME				
EW12625							Mars	shfield N	ΛО						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
430 East Jacks	on Stree	et					MAI	RSHFIE	-I D			МО		6570	)6
	SECTI	ON D -	·EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)					
	5	SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Z						
X YES (Employer Is Eligible	e to File)	□NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPLO	OYER I	NO LON	NGER I	IN BUS	INESS		
	CTION			-											
SE	CIIOI			tity ID (				11011(1	т аррис	aoic)					
VEC (Circle Fetablisher	F		_					4 - 1-11 - 1	4 E	1	To do not	1.0	-4		
☐ YES (Single-Establishm	_	-													
YES (I	Headquar	rters is l	Federal	Contrac	tor)	YES (N	Ion-Head	dquarters	s Establ	ishment	is Feder	al Contr	ractor)		
		Пν	TS (O	ne or Mo	re Non	-Headar	arters F	ctablich	mente i	s Federa	1 Contro	actor)			
						•			inchts i	s redera	Conu	actor)			
	4231			ON G - N ehicle P					salers						
	SE	CTION	VH – V	VORKF	ORCE	DEMO	GRAPI	IIC DA'	TA						
	1		· ·				Race/E								
	Hien	anic						Hispan	•	atino					
		atino			М	ale	NOL	ilispaii	IC OI L	aurio	Fer	nale			
	0. 20										1 01	laic			
						- a	_	S				- e	_	S	
				au		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	o or	Two or More Races	_
JOB CATEGORIES		-		Black or African American		iiai	nerican Indian Alaska Native	Ra		r ici		iiai sla	American Indian Alaska Native	Ra	Row
	<u>e</u>	Female	White	ck or Afric American	Asian	c a	Inc	re	White	Black or an Amer	Asian	c l	Sa E	re	Total
	Male	Ę	Ş	or	\si	Ęiai	an ca	Мо	Ϋ́Р	acl	\si	da Ciii	a∃ ∃	₩	
	_	ъ	>	χŁ	٩	e L	ics	ı.	>	BE	٩	e F	15. Z	ı	
				lac /		₹ <u> </u>	Ala	0 0		i.		₹ <u> </u>	le le le le le le le le le le le le le l	0 0	
				В		t a	An ,	≥		₹		t a	A .	≥	
						-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	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Professionals	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers Service Workers	1	0	8	0	0	0	0	0	3	0	0	0	0	0	12

0 SECTION I – WORKFORCE SNAPSHOT PERIOD

0

13

0

0

12/10/2023 - 12/23/2023

0

0

0

0

0

14

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI EO TERT	11 014.		·	(	LLO.	1 001/1	1 01 (12)	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A BLISHN				:T			•				
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON								HICAG				IL		6066	61
SECTION C - I	HEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	TABLE	IFICA'	<mark>ΓΙΟΝ</mark> (if Γ-LEVEL	f applica	able)			
EJ94266					TILADQ	-	tington				NAME				
HEADQUARTERS OR ESTABLISH	MENT-I EV	/FI ADD	DRESS		1	- 11011		TY/TOW		100	-	STATE	1	ZIP CC	DE
3000 Yeom		LLINDL	TLOS					NTING				IN		4675	
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	)					
				EMPL		FILING									
X YES (Employer Is Eligib											NGER I	IN BUSI	NESS		
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  VFS (Single-Establishment Employer is Federal Contractor)  VFS (Multi-Establishment Employer is Federal Contractor)															
☐ 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)															
_	` .			ne or Mo				_							
				)N G - 1						o r odora	· comit				
		140 - M	otor V	ehicle P	arts (L	lsed) Mo	erchant	Whole							
	SE	CCTION	V H – V	VORKF	ORCE		GRAPE Race/E								I
	Hisr	anic	1					Hispan	<u>,                                      </u>	atino					
		atino			M	ale	1101	порил		<u>atimo</u>	Fen	nale			
												_ <u>_</u>			
				an		Native Hawaiian or Other Pacific Islander	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	Row
JOB CATEGORIES	0	<u>e</u>	o)	Black or African American	_	aiia	nerican Indian Alaska Native	e R	ø.	or neri	u	aiia	nerican Indian Alaska Native	e R	Total
	Male	Female	White	ck or Afrio American	Asian	daw	an Ir ca N	۸or	White	Black or an Amer	Asian	law cific	an Ir ca N	۸or	
	-	Ψ.	>	ck o	⋖	Par	rica ask	o I	>	San Bi	٧	e F Pa	rica ask	o.	
				Bla		ativ	me Al	8		Afri		ativ	me Al	8	
						Ζŏ	⋖	ŕ				Ζŏ	⋖	F	
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	1	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
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 2023 REPORTING YEAR TOTA		0	0	0	0	0	0	0	4	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTA	<b>L</b> 0	0	0	0	0	0	0	0	1	0	0	0	0	0	1

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100)

	U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  SECTION A – TYPE OF REPORT												Revised ontrol Nuration Dat	08/2023 mber: 304	46-0049
			SECT	TION A	- TYP	E OF R	EPORT				I				
			ESTA	BLISH	/ENT-I	LEVEL	REPOR	RT.							
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG				OFFICE					
ADDRESS								TY/TOV				STATE		ZIP CO	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HE	EADQU	ARTE	RS OR	ESTAB	LISHN	AENT-1	LEVEL	IDENT	IFICA'	TION (i	applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE				Γ-LEVEL	NAME				
EB29914								ımbia S							
HEADQUARTERS OR ESTABLISHME			RESS					TY/TOV				STATE		ZIP CO	
112 N Montagu													2920	03	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557															
	,	SECTIO	ON E -	EMPL	OYER	FILING	G ELIGI	BILIT	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LON	IGER I	IN BUS	INESS		
SEC	CTION			L CONT				TION (	if applic	able)					
☐ YES (Single-Establishm	ent Emp		_					tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (H	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	Non-Head	lquarter	s Establ	ishment	is Feder	ral Contr	ractor)		
									ments i	s Federa	l Contra	actor)			
	423			ON G - I ehicle F					salers						
	SE	CTION	N H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E								
		anic				-1-	Not	Hispan	ic or L	atino.	F				
	or La	atino			IV	ale					ren	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	ative Hawaiian or her Pacific Islander	rmerican Indian or Alaska Native	or More Races	White	Black or African American	Asian	ative Hawaiian or her Pacific Islander	American Indian or Alaska Native	wo or More Races	Row Total
				面		lati	ΙĒΑ	wo		Afr		lati he	Ĭ, Ā	ΜC	

	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	1	0	0	0	0	1	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
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	9	5	0	0	0	0	0	0	0	0	0	0	14
Laborers and Helpers	0	0	0	3	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	14	9	0	0	0	0	1	0	0	0	0	0	24
PRIOR 2022 REPORTING YEAR TOTAL	0	0	14	8	0	0	0	0	1	0	0	0	0	0	23

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A - TYPE OF REPORT

	ESTABLISHMEI	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	

 FM66333
 Pennsauken NJ - APO

 HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
 CITY/TOWN
 STATE
 ZIP CODE

 9242 Commerce Hwy
 PENNSAUKEN
 NJ
 08110

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

#### SECTION E - EMPLOYER FILING ELIGIBILITY

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

### ${\bf SECTION}\ {\bf F-FEDERAL}\ {\bf CONTRACTOR}\ {\bf DESIGNATION}\ ({\it if\ applicable})$

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
			,					•	,						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	0	0	0	0	0	0	0	0	0	0	0	0	1	3
PRIOR 2022 REPORTING YEAR TOTAL	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	~	YPE OF REPORT NT-LEVEL REPORT							
	SECTION B - EMPLO	YER IDENTIFICATION							
OFS COMPANY ID		EMPLOYER NAME							
AC16425		CHICAGO IL - CORPORATE OFFICE							
ADDRES	S	CITY/TOWN	STATE	ZIP CODE					
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661					
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	licable)						
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ						
EB31182		Milwaukee WI							
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE									
4410 N 132n	d St, Suite A	BUTLER	WI	53007					

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

952920557

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	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	1	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	6	5	0	0	0	1	1	0	0	0	0	0	13
Laborers and Helpers	0	0	3	2	0	0	0	0	0	0	0	0	0	0	5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	11	8	0	0	0	1	1	0	0	0	0	0	21
PRIOR 2022 REPORTING YEAR TOTAL	0	0	12	7	0	0	0	0	1	0	0	0	0	0	20
		SECTIO	NI I	WODK	EODCI	CNIAD	CHOTI	DEDIAI	<u> </u>						

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100)

~	INFORMATION REPORT (EF	,		rol Number: 3046-0049 on Date: 11/30/2026
		YPE OF REPORT		
		NT-LEVEL REPORT		
OFG COMPANY P	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
JT56825		Ventura CA - 3214		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
3200 Golf Col	urse Drive #A	VENTURA	CA	93003
		ENTIFICATION NUMBER (EIN) 920557		
		ER FILING ELIGIBILITY		
XYES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSIN	ESS
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : Not Applicable		
☐ YES (Single-Establis	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Feder	eral Contracto	or)
☐ YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fed	deral Contract	tor)
	YES (One or More	Non-Headquarters Establishments is Federal Cor	ntractor)	
		ICS INFORMATION s (Used) Merchant Wholesalers		

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity Not Hispanic or Latino Hispanic Male or Latino Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande More Races American Indian or Alaska Native Two or More Races American Indian or Alaska Native Black or African American Black or African American Row **JOB CATEGORIES** Female White Total Asian Asian White Male Two or I 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 2023 REPORTING YEAR TOTAL** PRIOR 2022 REPORTING YEAR TOTAL 

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/202

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`				,				Expir	ation Dat	e: 11/30/	2026
				TION A											
				BLISHN											
OFS COMPANY ID		SECT	TION E	B – EMP	LOYE	R IDEN		<b>TION</b> OYER N	AME						
AC16425					C	нісла				OFFICE					
						ПСАС				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CC	
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - 1	IEADQU	JARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
AC21694							To	oeka K	S						
HEADQUARTERS OR ESTABLISH	MENT-LEV	EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
5725 SW To	oeka Blvc	t					Т	OPEK	A			KS		666′	19
	SECTI	ON D -	- EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)	I		<b>I</b>		
				EMPL	OYER	FILING									
X YES (Employer Is Eligib				-							IGER I	IN BUS	INESS		
S	ECTION							ΓΙΟΝ (i	if applic	able)					
_				tity ID (											
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
_	` 1				. —			•		s Federa			,		
									ments i	s redera	Conu	actor)			
	4231	S 140 - M	lotor V	ON G - N ehicle P	NAICS Parts (L	INFOR Ised) M	MATIU erchant	N Whole	salers						
				VORKF											
							Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale	1				Fer	nale	•		
						_						_			
				_		o ge	ō	Ses		⊆		g o	ō	Ses	
JOB CATEGORIES				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 Islander	American Indian Alaska Native	Two or More Races	Row
JOB CATEGORIES	Ð	Female	ţ	ck or Afric American	Ę	vai c Is	Ind	<u>ē</u>	ţe.	Black or an Amer	Ē	cls	lat Aat	ē	Total
	Male	Ĕ	White	or,	Asian	da,	an I	9	White	ack Ar	Asian	da cji	an L	9	
		Ľ.	>	ck A	< <	Pa Pa	rica		>	Big	⋖	Pa Pa	ics ask	- I	
				3la		ē ţi	ne Ala	ě		fric		ē ţi	Je K	Q Q	
				_		ᇐ	Ā	₽		٩		ᇐ	₹	_≥	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	2	0	2 16	0	0	0	0	1	2	0	0	0	0	0	2 21
Professionals	1	0	11	0	0	0	0	0	1	0	0	0	0	0	13
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	4	0	35	1	0	0	0	0	2	0	0	0	0	0	42
Administrative Support Workers	1	0	13	0	0	0	0	0	2	0	0	0	0	0	16
Craft Workers Operatives	3	0	12 26	0	0	1	0	2	0	0	0	0	0	0	21 33
Laborers and Helpers	4	1	8	0	0	0	0	5	2	0	0	0	0	0	20
Service Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
CURRENT 2023 REPORTING YEAR TOTA	L 17	1	123	2	2	2	1	10	12	0	0	0	0	0	170
PRIOR 2022 REPORTING YEAR TOTA	L 16	0	112	1	1	2	0	4	8	0	0	0	0	0	144

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII LOTEKTI	II OKWI	AHO	N KEI	OKI (.	EEO-	COM	I ONE.	N1 1)				Expi	ation Dat	e: 11/30/	2026
				TON A - BLISHN				RT.			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	10111	22.,11	LO1L.	K IDE:		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	[EADOI]	ARTEI	RSOR	FSTAR	LISHN	IENT-I	EVEL:	IDENT	IFICA'	TION (if	f annlica	hle)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	Lilbye		ub OII							Γ-LEVEL		1010)			
JV43353							Crawf	ordville	GA						
HEADQUARTERS OR ESTABLISHM	IENT-LEV	/EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DDE
1271 Bethany (	Church F	Rd					CRAV	/FORD	VILLE			GA		3063	31
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)	l.				
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Y						
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)															
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)															
	•			ne or Mo				_							
				)N G – N		_									
	4231	140 - M	otor V	ehicle P	arts (U	lsed) Me	erchant	Whole	salers						
	SE	CTION	V H – V	VORKF	ORCE										1
							Race/E								
		anic atino			м	ale	Not	Hispan	IC Or L	atino	Fon	nale			
	01 L				141	ale					1 61	liaic			
				۵		Native Hawaiian or Other Pacific Islander	o .	ses		Ę		Native Hawaiian or Other Pacific Islander	p o	ses	
JOB CATEGORIES				Black or African American		Native Hawaiian or Xther 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	Row
JOB GATEGORIES	<u>a</u>	Female	<u>te</u>	ck or Afric American	an	wai ic Is	Ind Nat	re	<u>te</u>	Black or	an	wai ic Is	Ind Nat	ē	Total
	Male	em	White	o ner	Asian	Hay	an ka	Mo	White	lacl n A	Asian	Ha	ka	Š	
		ш	_	A P	•	P e	eric las	or		B		e e	eric las	ō	
				B		lati her	me A	wo		Afri		ati	Ime A	×0	
						2 8	4	_				2 5	٩	-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	1	0	1	0	0	0	0	0	0	0	0	0	2
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 2023 REPORTING YEAR TOTAL	. 0	0	3	0	1	0	0	0	0	0	0	0	0	0	4
DDIOD 2022 DEDODTING VEAD TOTAL	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

#### Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB31766 **Grand Rapids MI** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 2929 32nd Street SE, Suite 6 **KENTWOOD** MI 49512 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 0 3 0 0 0 0 0 Professionals 0 0 1 0 0 0 0 0 0 0 0 0 0 0 1 Technicians 0 0 Sales Workers 0 0 3 0 0 0 0 0 0 0 0 0 0 0 3 Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 0 Craft Workers 0 0 0 0 0 0 0 0 0 11 0 0 0 0 0 0 0 0 0 0 0 12 Operatives 1

0 SECTION I - WORKFORCE SNAPSHOT PERIOD

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

n

0

17

0

37

32

0

0

0

0

24

0

5

12/10/2023 - 12/23/20

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

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	`	,	Expirati	ion Date: 11/30/2026								
	SECTION A - T	YPE OF REPORT										
	ESTABLISHME	NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425 CHICAGO IL - CORPORATE OFFICE  ADDRESS CITY/TOWN STATE ZIP CODE												
ADDRES	S	CITY/TOWN	STATE	ZIP CODE								
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E									
GA29935		Largo FL - PYP										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
11900 Sta	rkey Road	LARGO	FL	33773								
	CECTION D EMPLOYED ID	ENTIFICATION NUMBER (EIN)										

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

#### 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)

<u>Unique Entity ID (UEI)</u>: Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	2	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	0	0	0	0	0	1	1	0	0	0	0	0	3
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Craft Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	2	1	2	1	0	0	0	0	0	0	0	0	0	0	6
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 2023 REPORTING YEAR TOTAL	5	1	5	1	0	0	0	1	1	0	1	0	0	0	15
PRIOR 2022 REPORTING YEAR TOTAL	2	0	4	1	0	0	1	0	0	0	0	0	0	0	8

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	[ATIO]	N REF	PORT (	EEO-1	l COM	PONE	NT 1)					ontrol Nu ration Dat		
			SECT	TON A	– TYPI	E OF RI	EPORT								
			ESTA	BLISH	/ENT-l	_EVEL I	REPOR	T.							
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					C	HICAG	0			IL		6066	S1
SECTION C – HI			RS OR	ESTAB	LISHN	1ENT-L				ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME				
QP16831							Wh	eeling l	IL						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
747 Glenn	Ave						WI	HEELIN	١G			IL		6009	90
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)	,		•		
	5	SECTIO	ON E –	EMPL	OYER	FILING	ELIGI	BILITY	Y						
XYES (Employer Is Eligible	to File)	□NO	(Emple	over Is N	lot Elig	ible to F	ile) 🔲	EMPL(	OYER	NO LO	NGER I	IN BUS	INESS		
				L CONT											
SEC	JIION.			tity ID (				11011 (1	паррис	aute)					
YES (Single-Establishm	ont Emn		-					toblichm	ont Em	nlover is	Endoro	1 Contro	ator)		
<del>-</del> · · ·	-	•													
YES (H	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lquarters	s Establ	ishment	is Feder	ral Contr	ractor)		
		$\square$ Y	ES (Or	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
				N G - 1											
	4231			ehicle P					salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPE	HC DA	TA						
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale				1	Fer	nale	T	1	
				<u>u</u>		Native Hawaiian or Other Pacific Islander	or	Two or More Races		an		Native Hawaiian or Other Pacific Islander	jo di	Two or More Races	
JOB CATEGORIES				Black or African American		ian Slaı	American Indian or Alaska Native	Ra		Black or African American		ian	American Indian or Alaska Native	Ra	Row
000 0711 20011120	<u>e</u>	Female	White	ck or Afric American	Asian	ic l	Ind Na	re	White	Black or	Asian	wai ic l	Ind Na	<u>e</u>	Total
	Male	em	۸	or ner	۸si	Ha	an Ka	Mo	Ϋ́	lacl n A	Asia	Ha	an Ka	Š	
		ш	_	An		e e	eric las	o	_	B		P e	aric las	ō	
				Bla		ati Jer	Me Al	٧o		√fri		aţi Je	₽ F	0	
						≥ £	⋖	ŕ		•		Z	⋖	F	
		_													
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	1	4	0	0	0	0	0	2	0	0	0	0	0	8
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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	1	1	4	0	0	0	0	0	2	0	0	0	0	0	8

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

•	INFORMATION REPORT (E)	` ,		ol Number: 3046-0049 n Date: 11/30/2026						
	SECTION A - 7	ΓΥΡΕ OF REPORT	•							
	ESTABLISHME	NT-LEVEL REPORT								
	SECTION B - EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
AC16425		CHICAGO IL - CORPORATE OFFICE								
ADDRES	S	CITY/TOWN	STATE	ZIP CODE						
500 W MADISO	ADDRESS CITY/TOWN 500 W MADISON ST STE 2800 CHICAGO  SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if app									
SECTION C -	500 W MADISON ST STE 2800 CHICAGO  SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HI	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	<b>Ι</b> Ε							
AL73681		Brainerd MN								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
2110 South	10Th Steet	BRAINERD	MN	56401						
		DENTIFICATION NUMBER (EIN) 2920557								
	SECTION E - EMPLOY	YER FILING ELIGIBILITY								
X YES (Employer Is Elig	tible to File) NO (Employer Is Not	Eligible to File)	R IN BUSINE	SS						
	SECTION F – FEDERAL CONTR Unique Entity ID (UE	ACTOR DESIGNATION (if applicable)  EI): Not Applicable								
☐ YES (Single-Establi	shment Employer is Federal Contracto	r) <b>YES</b> (Multi-Establishment Employer is Fed	eral 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

339999 - All Other Miscellaneous Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	N H – V	VORKE	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicit	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	0	34	1	0	0	0	3	0	0	0	0	0	0	41
Laborers and Helpers	0	0	9	0	0	0	0	1	0	0	0	0	0	0	10
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	3	0	49	1	0	0	0	4	2	0	0	0	0	0	59
PRIOR 2022 REPORTING YEAR TOTAL	0	0	8	0	0	0	0	0	0	0	0	0	0	0	8
	-	FCTI	NII .	WODE	FODCI	CNIAD	TOUS	DEDIA	<u> </u>			•			

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENII EO I ENII	11 011111		, 1121	(JIII (	LLO .	1 001/1	I OI (E	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHM				?T							
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81
SECTION C – H HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (if Γ-LEVEL	fapplica	ıble)			
EK04541					пеарс	•	tlanta G				NAME				
HEADQUARTERS OR ESTABLISHN	IENT-LEV	EL ADD	RESS					TY/TOW				STATE		ZIP CO	DE
682 Us Hwy 78 N	w (State	Rt 1)						IONRO				GA		3065	55
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)			<u> </u>		
X YES (Employer Is Eligib				EMPLO	OYER	FILING				NO LON	ICED I	N RUCI	INIFCC		
	CCTION										NGER I	IN BUSI	INESS		
31	CHON	Uni	ique En	tity ID (	UEI):	Not App	licable	11011 (1	паррис	abic)					
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federal	Contra	ctor)		
☐ YES	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lauarter	s Establ	ishment	is Feder	al Contr	actor)		
	1			ne or Mo	. —			•					,		
		S	ECTIO	ON G – N	NAICS	INFOR	MATIO	N							
				ehicle P VORKF											
		201101	111 /	VORIE	ORCL		Race/E								
	Hisp	anic						Hispan	,	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES		Φ		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 Islander	American Indian or Alaska Native	Two or More Races	Row Total
	Male	Female	White	ck or Afric American	Asian	Hawa	can In ska Na	. More	White	Black or	Asian	Hawa	nerican Indian Alaska Native	. More	Total
		_		Black		Native ther P	Americ Alas	Two or		B Africa		Native Hawaiian Other Pacific Islan	Americ Alas	Two or	
								-							
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	3
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	1	0	2	5	0	0	0	0	0	0	0	0	0	0	8
Laborers and Helpers	1	0	1	1	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	3	0	7	8	0	0	0	0	1	0	0	0	0	0	19
PRIOR 2022 REPORTING YEAR TOTAL	1	0	6	8	0	0	0	0	1	0	0	0	0	0	16

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

#### Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EV54408 Greensboro NC - Salisbury HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 100 Ward Rd **GREENSBORO** NC 27405 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 2 0 0 2 0 0 0 Professionals 0 0 1 0 0 0 0 0 0 0 0 0 0 0 1 Technicians 0 0 Sales Workers 0 2 0 0 0 0 0 0 0 0 0 0 5 Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 Craft Workers 0 0 0 0 0 0 4 4 0 4 3 0 0 0 0 0 0 0 0 0 12 Operatives Laborers and Helpers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 Service Workers 0 0 0 0 0 0 0 0 0 0

0 SECTION I - WORKFORCE SNAPSHOT PERIOD

0

0

0

0

0

0

0

0

0

0

0

0

0

26

14

12/10/2023 - 12/23/20

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

6

2

9

5

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	11 014.12		. , 1121	<b>O111</b> (.	LLO .	1 00111	1 0112	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A . BLISHN				?T			•				
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - I	IEADQU	JARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	TION (i	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
DY29811						Ana	heim C			nin	•				
HEADQUARTERS OR ESTABLISHM	IENT-LEV	EL ADE	DRESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
1360 South Anaho	eim Boule	evard					A	NAHEI	M			CA		9280	)5
					953406	551			,	D)					
X YES (Employer Is Eligib				• EMPLO oyer Is N						NO LOI	NGER I	N BUS	INESS		
	ECTION														
		Uni	ique En	tity ID (	UEI):	Not App	licable		паррис	,4010)					
☐ YES (Single-Establish	ment Emr							tablishm	nent Em	nlover is	Federal	l Contra	ctor)		
	-	•													
☐ YES	(Headqua	rters is I	Federal	Contract	tor)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)		
									ments i	s Federa	l Contra	actor)			
	55111			ON G - N , Subsid					n Office	20					
				VORKF						75					
							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
						_						_			
				an		Native Hawaiian or Other Pacific Islander	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	Daw
JOB CATEGORIES		a)		Black or African American	_	ija Isla	dia	R.		or eric	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	8	Row Total
	Male	Female	White	ck or Afric American	Asian	ic wa	la Na	ore	White	Black or	Asian	N S	₽ S	ore	Total
	×	eπ	Š	Je l	Asi	E H	an ka	ĕ	×	lac n A	Asi	E H	ka	ĕ	
		ш.	_	\ \rac{1}{2} \rac{1}{2} \	-	a g	eric las	or		B	_	e e	eric las	ō	
				Big		ati	E P	۸o		Afri		ati	E E	8	
						Z 2	⋖	ŕ		,		Z 2	⋖	F	
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	2	2	1	0	1	0	0	0	0	0	1	0	0	0	7
Professionals	1	0	2	0	0	0	0	0	2	0	0	0	0	0	5
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Administrative Support Workers	0	24	0	0	0	0	0	3	7	1	2	0	0	13	50
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	1	0	0	0	0	0	0	0	0	0	0	0	0	3	4
CURRENT 2023 REPORTING YEAR TOTAL		26	4	0	1	0	0	3	9	2	3	0	0	16	68
PRIOR 2022 REPORTING YEAR TOTAL	3	5	3	0	1	0	0	1	2	0	0	0	0	4	19

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	[ATIO]	N REF	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Da		
			SECT	TON A	- TYP	E OF R	EPORT	,							
			ESTA	BLISH	/ENT-	LEVEL	REPOF	RT							
		SECT	TON B	- EMF	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - 0	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					C	HICAG	0			IL		606	61
SECTION C - HE	EADQU	JARTEI	RS OR	ESTAE	LISHN	MENT-I	LEVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR E	STABLIS	SHMENT	-LEVEL	NAME				
GN78864						Rich	mond V	A - KA	O Logis	stics					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADE	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
5762 Charles Ci	ity Circl	le		RICHMOND VA 23231											
	Charles City Circle RICHMOND VA 23231  SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)														
					952920										
<u>_</u>		-		EMPL	-		-								
X YES (Employer Is Eligible	to File)	□ NO	(Emplo	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LON	NGER I	N BUS	INESS		
SEC	CTION			L CONT					if applic	able)					
<u></u>			_	tity ID (											
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	stablishn	nent Em	ployer is	Federal	l Contra	ctor)		
TYES (H	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	Non-Hea	dquarter	s Establ	ishment	is Feder	al Conti	ractor)		
		□ Y	ES (Or	ne or Mo	ore Non	-Headqı	uarters I	Establish	ments i	s Federa	l Contra	actor)			
				N G - 1											
				ehicle F											
	SE	ECTION	V H – V	VORKE	ORCE		-								1
							Race/E		•						
		oanic					Not	Hispar	ic or L	atino					
	or La	atino		1	IV	lale	1	1		1 1	Fen	nale	1	1	
						_ <del>5</del>		"				- 6		"	
				Ę		o b	or e	ë		an		o g	or e	ë	
JOB CATEGORIES		d)		African ican		iiiai Isla	dia	Ra		or eric		iiiai Isla	dia	Ra	Row Total
	lale	male	/hite	or Afric erican	sian	awaiian or ific Islander	n Indian o a Native	lore Races	hite	ick or American	sian	awaiian or ific Islander	n Indian o a Native	Nore Races	TOLAI

							Race/E	thnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	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	6	0	0	0	0	0	0	0	0	0	0	6
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 2023 REPORTING YEAR TOTAL	0	0	0	7	0	0	0	0	0	0	0	0	0	0	7
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	8	0	0	0	0	0	0	0	0	0	0	8

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI E0 1EMI	1 014.7		, 1121	0111 (	LLO .	1 001/1	1 01 (12)	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A · BLISHN				:T							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DDE
500 W MADISON								HICAG				IL		6066	61
SECTION C – H	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (if Γ-LEVEL	f applica	ıble)			
GA30918					TIETE	Rancho					TVIVIL				
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	RESS				CI	TY/TOW	VΝ			STATE		ZIP CC	DE
1020 Del Paso Ro	ad, Suite	200					SAC	RAME	NTO			CA		9583	34
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)					
X YES (Employer Is Eligible				EMPLO						NO LON	ICER I	N RUSI	NFSS		
	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'				IOLKI	III DOSI	III LOS		
		Uni	ique En	tity ID (	<u>UEI)</u> :	Not App	licable								
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
YES (	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	re Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
	423	S 140 - M	ECTIO	ON G - N ehicle P	NAICS arts (U	INFOR	MATIO erchant	N Whole	salers						
				VORKF		DEMO	GRAPE	IIC DA	TA						
			Т				Race/E		<u>,                                      </u>						
		anic atino			М	ale	Not	Hispan	IC OF L	atino	Fen	nale			
	0. 2.										101.				
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		can		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Daw
JOB CATEGORIES		<u>e</u>	ø.	Black or African American	_	aiia Isk	nerican Indian Alaska Native	e R	ø.	Black or African American	_	aiia Isk	nerican Indian Alaska Native	e Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	law cific	an Ir ca N	Mor	White	Black or an Amer	Asian	law cific	an Ir ca N	Mor	
	_	ı,	>	Am	٩	Ve F	arica las	<u>_</u>	>	Bla	٩	Ve F	arica las	or l	
				B		dati	Ame A	Š		Afri		Vati	Ame A	١w٥	
						- 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	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Professionals Tackerisians	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	0	0	0	0		0	0		0	0	0	0	1
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	5	0	6	0	0	2	0	0	0	0	0	0	14
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL		0	6	1	6	0	0	2	0	0	0	0	0	0	17
PRIOR 2022 REPORTING YEAR TOTAL	1	0	6	4	5	0	0	2	0	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (	EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
			SECT	TION A	- TYP	E OF RI	EPORT								
			ESTA	BLISHN	/ENT-l	_EVEL I	REPOR	RT							
		SECT	ION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HE	EADQU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
HF14881						New	Braunf	els TX	- Good	win					
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				CI	TY/TOW	VΝ			STATE		ZIP CC	DDE
5545 Goodwir	Lane						NEW	BRAUN	IFELS			TX		7813	30
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	)	·				
		OE COTA	NI E		952920		ELICI	DIL ITS	17						
W MOOGE A TOWNS				EMPL						NO T O	VOED I	DI DIIG	D.IEGG		
X YES (Employer Is Eligible				•							NGER	IN BUS	INESS		
SEC	CTION			L CONT				TION (i	if applic	able)					
□ x750 (0) 1 F (1) 1				tity ID (							Б.1	1.0			
☐ YES (Single-Establishm		•											,		
TYES (H	leadqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	dquarter	s Establ	ishment	is Feder	al Contr	ractor)		
		☐ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	Establish	ments i	s Federa	l Contra	actor)			
				)N G - 1											
				ehicle P											
	SE	CTION	NH – V	VORKF	ORCE			thnicity							1
	Hier	anic	1					Hispan		atino					
		atino			М	ale	NOU	mspan	lic or L	atino	Fer	nale			
				_		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islander	ō	es	
IOD OATEOODIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande		or More Races	Row
JOB CATEGORIES	a)	<u>e</u>	ø	ck or Afric American	_	aiis	nerican Indian Alaska Native	e F	o o	Black or	_	aiis	American Indian Alaska Native	e F	Total
	Male	Female	White	or A	Asian	a Si	n Ir a N	lo.	White	A G	Asian	a ≓ie §	n a N	Nor	
	2	Fe	>	ik c	Ř	1 S S	ica sk	\ <u>\</u>	>	Bla	₹	1 S S	ica sk	_	
				lac A		iš ž	ler Na	0		_ :5		iš ž	ıer	0 0	
				B		the dat	Am	Š		Ą		the dat	Am,	Two	
						-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	4	1	4	0	0	0	0	0	1	0	0	0	0	0	10
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	1	1	2	0	0	0	0	0	0	0	0	0	0	0	4
Administrative Support Workers	9	0	10	0	0	0	0	0	0	0	0	0	0	0	3 19
Craft Workers Operatives	9	1	8	1	0	1	0	1	0	0	0	0	0	0	19 21
Laborers and Helpers	13	1	4	1	0	0	0	1	1	0	0	0	0	0	21
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	36	5	30	2	0	1	0	2	2	0	0	0	0	0	78

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
			SECT	TON A	- TYP	E OF R	EPORT				ı				
			ESTA	BLISH	MENT-I	LEVEL	REPOF	RT							
		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								.OYER N			_				
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					C	HICAG	Ю			IL		6066	61
SECTION C - HI	EADQU	JARTEI	RS OR	ESTAE								able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE				Γ-LEVEL	NAME				
QP16941							Tex	arkana	TX						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADD	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
622 Texas	Blvd						TE	XARKA	NA			TX		7550	01
	SECTI	ON D -	EMPI	LOYER	IDEN	ΓΙΓΙCA	TION N	UMBE	R (EIN	D	l l				
					952920	557									
						FILING									
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER 1	IN BUSI	INESS		
SEC	CTION					OR DE			if applic	able)					
			_			Not App									
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (I	Multi-Es	stablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
YES (H	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	Von-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
_ `	•							•		s Federa			,		
						INFOR			inicitts i	.s r cucre	ii Contro	uctor)			
	423					Jsed) M			salers						
						DEMO									
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino					
	or La	atino		1	M	lale				1	Fer	nale	l		
						- <u>-</u>	L	w				- a	_	w	
				au		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		än		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races	_
JOB CATEGORIES		a)	_	Black or African American	_	ija Isla	nerican Indian Alaska Native	R	-	Black or African American	_	ajja Isla	American Indian Alaska Native	Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	#ic fic	ΞŽ	ore	White	Black or	Asian	fic	ΞŽ	ore	Total
	Σ	Fe	⋝	k o an	As	ag H	Ska	Σ	₹	Sla an	As	ac H	car	Σ	
				lac		i F	Ala	0		i i		i e	Ala	0 0	
				B		Nai	Am'	Ě		¥		Nai	An'	Ě	
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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Craft Workers

Service Workers

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Operatives

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

#### 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB31243 Albuquerque NM HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 3800 Prince Street Se **ALBUQUERQUE** NM 87105 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 7 3 0 0 0 0 Professionals 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Technicians 0 0 Sales Workers 6 2 0 0 0 0 0 0 0 0 0 0 10 Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 0 0 Craft Workers 0 0 0 0 0 0 6

0 SECTION I - WORKFORCE SNAPSHOT PERIOD

0

0

0

0

0

0

0

0

0

1

0

0

0

0

2

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

n

0

11

8

0

42

37

6

0

24

22

0

0

0

4

0

0

12

0

0

0

0

12/10/2023 - 12/23/2

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

Operatives

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

U.S. EQUAL EMPL 2023 EMPLOYER I											OMB Co	Revised ontrol Nu		46-0049
		SECTION ESTABLE			-	-				L				
	SECT	TON B – E				_								
OFS COMPANY ID	~ ~ ~ ~						OYER N	AME						
AC16425				Cl	HICAG	0 IL - 0	ORPO	RATE (	OFFICE					
ADDRESS						C	ITY/TOW	VN			STATE		ZIP CC	DDE
500 W MADISON	I ST STE 2800					C	HICAG	0			IL		6066	61
	HEADQUARTE	RS OR EST									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID			H	HEADQ	UARTE				-LEVEL	NAME				
QP16611		Venice FL												
HEADQUARTERS OR ESTABLISH	IENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CO													
851 US Hwy 41	Bypass South					,	VENICE				FL		3428	35
	SECTION D -	EMPLOY		DENT 52920		TION N	UMBE	R (EIN	)					
	SECTION	ON E – EM	1PLO	YER I	FILIN	ELIG	BILITY	Y						
X YES (Employer Is Eligible)	ble to File) 🔲 NO	(Employer	Is No	ot Eligi	ble to F	ile)	EMPL	OYER I	NO LON	NGER I	N BUSI	NESS		
S	ECTION F – FE	DERAL CO						if applic	able)					
☐ YES (Single-Establish	nment Employer is	Federal Co	ntract	tor)	YES (	Multi-Es	tablishm	nent Em	ployer is	Federal	Contra	ctor)		
☐ YES	(Headquarters is 1	Federal Cor	ntracto	or)	YES (N	Von-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
_		ES (One or						ments i	s Federa	l Contra	ictor)	,		
	<b>S</b> 423140 - M	ECTION ( lotor Vehic						salers						
	SECTION	H – WOI	RKFC	ORCE :	DEMO	GRAPI	HIC DA	TA						
							thnicit							
	Hispanic or Latino			N/A	ale	Not	Hispan	ic or L	atino	Eon	nale			
	OI Latillo			IVI	aic					ren	iaie			
		gu			an or ander	an or ve	aces		can		an or ander	an or ve	aces	Row

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale		-			Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	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 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	Expiration Date: 11/30/2026													
	SECTION A - TYPE OF REPORT													
ESTABLISHMENT-LEVEL REPORT														
	SECTION B - EMPLO	OYER IDENTIFICATION												
OFS COMPANY ID		EMPLOYER NAME												
AC16425 CHICAGO IL - CORPORATE OFFICE														
ADDRESS CITY/TOWN STATE ZIP CODE														
500 W MADISON ST STE 2800 CHICAGO IL 60661														
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E											
EB31344		Peoria IL												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE										
110 Thunderbird Lane EAST PEORIA IL 61611														
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
·	SECTION E - EMPLOY	ER 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Fthnicity														
						Not	Hispan	ic or L	atino					
or L	atino			М	ale					Fen	nale			
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
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
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	8	0	0	0	0	0	0	0	0	0	0	0	8
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
1	0	7	2	0	0	0	1	0	0	0	0	0	0	11
1	0	2	0	0	0	0	0	0	0	0	0	0	0	3
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	0	19	2	0	0	0	1	0	0	0	0	0	0	24
4	0	17	0	0	0	0	1	0	0	0	0	0	0	22
	0 0 0 0 0 0 0 0 1 1 1 0 0 2	0 0 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0	or Latino    Part	Or Latino         Wale           Black or African         American           American         19           2         0           3         0           4         0           5         0           6         0           7         2           8         0           9         0           1         0           2         0           3         0           4         0           5         0           6         0           7         2           8         0           9         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0	Or Latino         Maje           Black or African         White           Waiau         White           Waiau         White           O         O         O           O	Hispanic or Latino  Male  Lemale  Permanentary  Male  Lemale  Lemale  American  American  American  American  American  American  American  American  O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Hispanic or Latino	Not Hispanic or Latino	Or Latino         Male           Wale         Lemale           American Indian or Alaska Native         American Indian or American Indian or American Indian or Alaska Native         American Indian or American Indian or American Indian or Alaska Native           American Indian or American Indian or Alaska Native         American Indian or Alaska Native           American Indian or Alaska Native         American Indian or Alaska Native           American Indian or Alaska Native         American Indian or Alaska Native           American Indian or Alaska Native         American Indian or Alaska Native           American Indian or Alaska Native         American Indian or Alaska Native           American Indian or Alaska Native         American Indian or Alaska Native           American Indian or Alaska Native         American Indian or Alaska Native	Not Hispanic or Latino	Hispanic or Latino	Not Hispanic   Not	Not Hispanic or Latino	Not Hispanic or Latino

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  SECTION A – TYPE OF REPORT												OMB Control Number: 3046-0049 Expiration Date: 11/30/2026				
			SECT	TON A	- TYP	E OF RI	EPORT									
			ESTA	BLISH	∕IENT-I	LEVEL	REPOR	T								
		SECT	TION B	- EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID							EMPL	OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE	Ē					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE	
500 W MADISON S	тет	2000						HICAG				IL		6066		
SECTION C - HI			DS OD	FSTAR	I ICHN	AFNT.I				TION (i	fapplica			0000	)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	KS OK	ESTAD	HEADO	UARTEI	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME	able)				
FM66526							ort Way									
						<u>'</u>										
HEADQUARTERS OR ESTABLISHME		EL ADE	DRESS					TY/TOW				STATE		ZIP CO		
2250 Resear	ch Dr.						FOF	RT WAY	YNE			IN		4680	08	
	SECTI	ON D -	- EMPI		IDEN'	ΓΙΓΙCA' 0557	TION N	UMBE	R (EIN	)			l.			
		SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y							
X YES (Employer Is Eligible	to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
	TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
SEC	LIION					Not App		HON (1	п аррис	abie)						
<b>—</b>	_		-													
☐ <b>YES</b> (Single-Establishm	ent Emp	oloyer is	Federa	I Contra	ctor) L	YES (I	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)			
YES (F	Headqua:	rters is l	Federal	Contrac	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	ral Contr	ractor)			
	•					ı-Headqu		-								
									ments i	s redera	ii Conus	actor)				
	4231					INFOR			salers							
						DEMO										
							Race/E	thnicit	v							
	Hisp	anic					Not	Hispan	ic or L	atino						
		atino			M	lale					Fer	nale				
						≥ ē	-	S		_		≥ ē	<b>-</b>	S		
				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	Row	
JOB CATEGORIES		a)		iric	_	ig Islg	nerican Indian Alaska Native	ě		eri.	_	ig is	nerican Indian Alaska Native	2	Total	
	Male	Female	White	ck or Afric American	Asian	ic wa	Ξ̈́	ore	White	Black or	Asian	is wa	≅ ≥	ore	IOlai	
	ĕ	ė.	<b>≥</b>	o ne	Asi	E H	ka	Š	<b>\$</b>	lac n A	Asi	E H	ka	Ĕ		
		ш.	_	Ar Ar	_	e e	eric las	ō	_	B B	`	e e	eric las	ō		
				Bla		atj.	a P	٥		≒		atja Je	₽   ₽	0		
				_		Ž	⋖	⊭		_ ~		ŽĒ	⋖	-		
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Laborers and Helpers	0	0														
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII LOTEK II	(I OKW	AHO	N KEI	OKI (.	EEO-	COM	I ONE.	111)				Expir	ation Dat	e: 11/30/	2026
				TON A - BLISHN				T.			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID						-		OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800						HICAG				IL		6066	
			DC OD	ECT A D	T TOTTA	AENIE I				TION ()	` 1'			0000	,
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKILI	KS UK							Γ-LEVEL		ibie)			
JT56861								a GA -							
HEADQUARTERS OR ESTABLISHN	IENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
777 Wharto	n Drive						Α	TLANT	Ά			GA		3033	36
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)	•		•		
Wyma a				EMPLO									<b>D.IT</b> GG		
X YES (Employer Is Eligib											IGER I	IN BUS	INESS		
SI	ECTION							ΓΙΟΝ (i	if applic	able)					
	_		-	tity ID (					_						
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	I Contrac	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federal	I Contra	ctor)		
YES	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
				)N G – N											
	4231	140 - M	otor V	ehicle P	arts (U	Ised) M	erchant	Whole	salers						
	SE	CTION	N H – V	VORKF	ORCE										
	Hier		1				Race/E			-4!					
		anic atino			М	ale	NOt	Hispan	IC OF L	atino	Fen	nale			
	01 20				141	aic					1 011	laic			
JOB CATEGORIES		a)		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 Islander	American Indian or Alaska Native	Two or More Races	Row Total
	Male	Female	White	ck or Afric American	Asian	awa	n In	ore	White	Black or	Asian	awa	n In	ore	Total
	Σ	Fer	⋝	k o	As	H <sub>2</sub>	icar ska	Σ	₹	3lac an /	Ä	H H	icar ska	Σ	
				lac A		tive er F	neri Ala	0		fric		tive er F	neri Ala	0	
				ш —		P Pa	An	≥		₹		Na St.	An	≥	
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	1	0	0	0	0	0	0	0	1	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	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	1	1	0	0	0	0	0	0	0	0	0	0	2
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	_ 1	0	2	1	0	0	0	0	1	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	1	0	0	2	0	0	0	0	0	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

U.S. EQUAL EMPLO 2023 EMPLOYER IN		Revised 08/2023  OMB Control Number: 3046-0049  Expiration Date: 11/30/2026											
		SECTION A -	_	-	<b>-</b>		•						
		ESTABLISHME											
OFS COMPANY ID	SECT	TON B – EMPL	OYER IDEN		ATION OYER N	AME							
AC16425			CHICAG			RATE OFFI	CE						
ADDRESS				CI	TY/TOW	/N		STATE		ZIP CO	DDE		
500 W MADISON	ST STE 2800			С	HICAG	0		IL		6066	61		
SECTION C - H	EADQUARTE	ADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if appli											
HQ/ESTABLISHMENT-LEVEL UNIT ID		Н	EADQUARTE	RS OR ES	STABLIS	SHMENT-LEV	EL NAME	3					
QP16050		Stockton CA           LEVEL ADDRESS         CITY/TOWN         STATE         ZII											
HEADQUARTERS OR ESTABLISHM	ENT-LEVEL ADD	EVEL ADDRESS CITY/TOWN STATE											
2041 Navy	Drive		CA		9520	06							
	SECTION D -	EMPLOYER II 95	DENTIFICA 2920557	TION N	UMBE	R (EIN)			•				
X YES (Employer Is Eligible		ON E – EMPLO (Employer Is No		_			ONGER	IN BUS	NESS				
SE		DERAL CONTR Ique Entity ID (U			ΓΙΟΝ (i	if applicable)							
☐ YES (Single-Establishr	nent Employer is	Federal Contracto	or) <b>YES</b> (1	Multi-Es	tablishm	nent Employe	r is Feder	al Contra	ctor)				
TYES (	Headquarters is I	Federal Contracto	r) <b>YES</b> (N	Ion-Head	lguarter	s Establishme	ent is Fede	eral Contr	actor)				
<u> </u>	_	ES (One or More	· —		•				,				
		ECTION G - NA				calore							
		H – WORKFO											
				Race/E									
	Hispanic			Not	Hispan	ic or Latino	)				1		
	or Latino		Male				Fe	emale					
JOB CATEGORIES		ican n	ian or slander	ian or tive	Races		rican	ian or slander	ian or tive	Races	Row		

	Race/Ethnicity														
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	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	1	0	0	0	0	0	0	0	0	0	0	0	1
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 2023 REPORTING YEAR TOTAL	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													Expiration Date: 11/30/2026				
			SECT	TION A	- TYP	E OF RI	EPORT	1									
			ESTA	BLISH	MENT-	LEVEL	REPOF	RT									
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	ATION									
OFS COMPANY ID								OYER N									
AC16425					С	HICAG	0 IL - 0	CORPO	RATE	OFFICE							
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE		
500 W MADISON S	T STE	2800					С	HICAG	O			IL		606	<b>3</b> 1		
SECTION C – HI	EADOU	JARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	'IFICA'	TION (i	f applica	ıble)					
HQ/ESTABLISHMENT-LEVEL UNIT ID						QUARTE											
GA30000						\$	Santa F	e Sprin	ngs CA								
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADE	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE		
13780 E. Imperia	l Highw	vay					SANTA	FE SF	PRINGS	3		CA		906	70		
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)																
	953072886 SECTION E – EMPLOYER FILING ELIGIBILITY																
_																	
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER 1	N BUSI	INESS				
SEC	CTION					OR DE			if applic	able)							
		Uni	ique En	tity ID (	<u>UEI)</u> :	Not App	olicable										
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (I	Multi-Es	stablishn	nent Em	ployer is	s Federa	l Contra	ctor)				
YES (H	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	Von-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)				
	•	ПΥ	ES (O	ne or Mo	ore Non	ı-Headqu	arters E	- Establish	nments i	s Federa	ıl Contra	actor)					
						INFOR											
	423	140 - M	otor V	ehicle F	arts (L	Jsed) M	erchant	t Whole	esalers								
	SE	ECTION	V H – V	VORKE	ORCE	DEMO											
								thnicit									
		oanic atino				lale	Not	Hispar	nic or L	.atino	Far	nale					
	Or L	atino			IV	lale				1	rei	naie					
						ē	Ļ.	v		_		ē	ڀ	s			
				ä		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	n or	Two or More Races	Row		
JOB CATEGORIES		ø		Black or African American	_	ajja Isl	nerican Indian Alaska Native	20		or eri	_	ajia Isla	American Indian Alaska Native	8	Total		
	Male	Female	White	ck or Afric American	Asian	aw	ΞŽ	ore	White	Black or	Asian	aw	드	ore	. Otal		
	Σ	- E	≥	S E	ĕ	a E	Ska	_ ≥	≥	3la	ĕ	a E	Ska	_ ≥			
				lac A		ti Ve	Ala	0		i.i.		i F	Ala	0			
				ω		F a	A	I ≥		₹		N S	An ,	≥			
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	0	0	0	0	0	0	0	0	0	0	0	1		
Technicians												0					
Sales Workers	Q	1	0	0	Λ.	Λ	0	0	0	0	Λ	0	Λ	Λ	10		

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Craft Workers

Service Workers

Laborers and Helpers

Operatives

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZVZC EMI EO IEMI	Expiration Date: 11/30/2026											2026			
				TION A -				T.							
		CECT		B – EMP											
OFS COMPANY ID		SECI	ION	- ENIF	LUIE	KIDEN		OYER N	AME						
AC16425					C	HICAGO				OFFICE	:				
						1110/101				011102					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	31
SECTION C - I	HEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	applica	able)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	(UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME				
QP17214							Mod	desto C	A						
HEADQUARTERS OR ESTABLISH	AENT-I EX	/FL ADD	PESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
401 Bangs Ave			ILLUU					ODEST				CA		9535	
401 Bangs Ave												CA		9000	00
	SECTI	ECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557													
		SECTION E – EMPLOYER FILING ELIGIBILITY													
		to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)													
Si	ECTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA	ΓΙΟΝ (i	if applic	able)					
_				tity ID (											
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
□YES	(Headqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lauarter	s Establ	ishment i	is Feder	al Contr	actor)		
	1				. —			•					,		
									ments 1	s Federa	Contra	actor)			
	422	S. 140 M	eter V	ONG-N	NAICS	INFOR	MATIO	N Whole	colore						
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA															
	SE	201101	\ 11 - V	VOKKI	ORCE		Race/E								
	Hier	anic	l					Hispan	,	atino					
		atino			M	lale	NOU	ilispaii	l C OI L	auno	Fer	nale			
	<u> </u>	1				1					. 0.	I			
						- <u>-</u>	_	S				or der	_	S	
				an		Native Hawaiian or Other Pacific Islander	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	
JOB CATEGORIES				Black or African American		iia	ti a	8		ř		Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	8	Row
	Male	Female	White	ck or Afric American	Asian	i ¥a	Na Na	J.	White	Black or an Amer	Asian	ic l	Na Na	J.	Total
	Ma	eπ	۲	o n	۸si	Ha Cif	an ka	Ĕ	₹	lac n A	Asi	Ha	an ka	Ĕ	
		ш	_	A G	_	ъ е В	ric	ō	_			e e	ric as	ō	
				Ba		atj Jer	a P	9		Ē		atiy	a P	9	
				_		Ž	⋖	⊭				ž	4	⊭	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	1	1	0	0	0	0	0	1	0	0	0	0	0	4
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 1	1	1	0	0	0	0	0	1	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTA	L 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												OMB Control Number: 3046-0049 Expiration Date: 11/30/2026				
			SECT	TON A	– TYPI	E OF RI	EPORT									
			ESTA	BLISHN	/ENT-l	LEVEL I	REPOR	T.								
		SECT	TION B	– EMP	LOYE	R IDEN										
OFS COMPANY ID							EMPL	OYER N.	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE	
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61	
SECTION C - HI	EADQU	ARTE	RS OR									able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME					
FM66636						F	ayettev									
HEADQUARTERS OR ESTABLISHMI		EL ADE	DRESS					TY/TOW				STATE		ZIP CC		
155 Roberts	Road						FAY	ETTEV	ILLE			GA		302	14	
	SECTI	CCTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
	SECTION E - EMPLOYER FILING ELIGIBILITY															
X YES (Employer Is Eligible	to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
SEG	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	f applic	able)						
		Un	ique En	tity ID (	UEI):	Not App	licable									
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)			
TYES (I	leadana:	rters is l	Federal	Contrac	tor)	VES (N	on-Head	lanarters	s Establ	ishment	is Feder	ral Contr	ractor)			
L 125 (1	readqua							_					uctor)			
						INFOR			ments 1	s Federa	ı Contra	actor)				
		140 - M	lotor V	ehicle P	arts (U	lsed) M	erchant	Whole								
	SE	CTION	N H – V	VORKF	ORCE	DEMO									ı	
							Race/E									
	or La	anic			M	ale	Not	Hispan	ic or L	atino	For	nale				
	or La	atino			IVI	aie					Fer	naie				
				an		Native Hawaiian or Other Pacific Islander	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	Davis	
JOB CATEGORIES		ø		Black or African American		aiia Isla	nerican Indian Alaska Native	R	4	or eric	_	aiia Isla	nerican Indian Alaska Native	R.	Row Total	
	Male	Female	White	ck or Afric American	Asian	aw	r z	lore	White	Black or an Amer	Asian	aw	E Z	lore	Total	
	≥	Fel	>	k o	Ä	ac H	icai ska	Ž	>	3la an	ğ	a H	ical	≥ ≥		
				lac A		i e	neri Ala	00		ric		i F	Ala	00		
				В		Nai	An'	Ě		Ą		Nai Et	Am,	Ě		
												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	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2	
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	1	0	1	0	0	0	1	1	1	0	0	0	0	5	
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
Craft Workers	0	0	1	2	0	0	0	0	0	0	0	0	0	0	3	
Operatives	0	0	3	3	0	0	1	0	1	0	0	0	0	0	8	
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 2023 REPORTING YEAR TOTAL	0	1	5	6	0	0	1	1	5	1	0	0	0	0	20	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EVII LOTEK II	SECTION A – TYPE OF REPORT													e: 11/30/	2026
				TION A - BLISHN				:T			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ет ете	2000						HICAG				IL		6066	
														0000	)
SECTION C - F	IEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				r-LEVEL	NAME				
QP16301							De	nville N	IJ						
HEADQUARTERS OR ESTABLISHN	IENT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
321 Palm	er Rd						DI	ENVILL	E.			NJ		0783	34
	SECTI	ON D -	EMPI	LOYER	IDENT 052920		TION N	UMBE	R (EIN	)			ı		
		SECTIO	ON E -	EMPLO			ELIGI	BILITY	Y						
X YES (Employer Is Eligib										NO LOI	IGER I	N BUSI	NESS		
	ECTION														
				tity ID (					паррис	4010)					
☐ YES (Single-Establish	ment Emr	lover is	Federa	1 Contrac	rtor)	VESO	Aulti-Est	tablishm	ent Em	nlover is	Federal	Contrac	rtor)		
_ , ,		•				,							,		
☐ YES	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
	S (Headquarters is Federal Contractor)   YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
				ehicle P VORKF											
	J	CHO	111 – V	VOKKI	OKCE		Race/E								
	∐ien	anic							ic or L	atino					
		atino			М	ale	NOL	порап	IIC OI L	auno	Fen	nale			
	<u> </u>										1 01				
				Ę		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES				Black or African American		iiar sla	nerican Indian Alaska Native	Ra		Black or African American		iiar sla	nerican Indian Alaska Native	Ra	Row
	<u>e</u>	Female	White	ck or Afric American	Asian	wai	Inc Na	<u>e</u>	White	Black or an Amer	Asian	wai ic l	Inc Na	<u>r</u> e	Total
	Male	e l	Ϋ́	or ner	Asi	Ha	an ka	€	¥	acl A r	Asi	Hay	an ka	ĕ	
		Ľ.		A K	_	P &	ric as	ō	_	B E	_	/e Pa	as	ō	
				Bla		ati	me Al	٥		√fri		ativ	me Al	٥	
						≥ £	⋖	ŕ		_ `		Z E	⋖	ŕ	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	3	0	0	0	0	0	0	1	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	_ 1	0	3	0	0	0	0	0	0	1	0	0	0	0	5
DDIOD 2022 DEDODTING VEAD TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

# SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

EB31142 Des Moines IA NECO HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 810 SE Corporate Woods Dr, Suite 120 **ANKENY** 50021 IA

# SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	$\mathbf{H} - \mathbf{V}$	VORKE	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	4	0	0	0	0	0	0	0	0	0	0	0	5
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	6	1	0	0	0	0	0	0	0	0	0	0	7
Laborers and Helpers	1	0	1	0	0	0	0	1	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	0	14	2	0	0	0	1	0	0	0	0	0	0	19
PRIOR 2022 REPORTING YEAR TOTAL	1	0	14	0	0	0	0	0	0	0	0	0	0	0	15

SECTION I - WORKFORCE SNAPSHOT PERIOD

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	11 011111		, 1121	(	LLU.		. 0.12	(1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHN				:T			•				
		SECT	ION F	B – EMP	LOVE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	10111	Livii	LOIL	K IDEI		OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VΝ			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - I	IEADQU	ARTE	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (if Γ-LEVEL	applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				I-LEVEL	NAME				
GN78801 HEADQUARTERS OR ESTABLISHN	AENTE I EX	EL ADE	DEGG					atello I				COTE A TENE		ZID CO	DE
HEADQUARTERS OR ESTABLISHE 5497 South		EL ADL	DRESS					TY/TOW CATEL				STATE		ZIP CO 8320	
		ON D -	EMPI	LOYER	IDENT	TIFICA'				)		- 10		0020	74
					952920	557									
X YES (Employer Is Eligib										NO LON	NGER I	IN BUSI	INESS		
SI	ECTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
□ VFS (Single-Establish	ment Emr							tahlichm	ent Em	nlover is	Federa	l Contra	ctor)		
<del>-</del> · · ·	mment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
LITES	(Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	•														
	423			)N G − N ehicle P					salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
			ı				Race/E		,						
		anic atino			М	ale	Not	Hispan	ic or L	atino.	Fer	nale			
	0. 2.											luic			
				_		or	ō	es		⊆		or	ō	es	
JOB CATEGORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
OD OATEGORIES	<u>e</u>	Female	<u>i</u> e	ck or Afric American	an	wai ic Is	Ind Nat	<u>e</u>	ite	Black or an Amer	an	wai ic Is	Ind Nat	ē	Total
	Male	e.	White	ror	Asian	Hay	an ka	Ĕ	White	lac n A	Asian	Hay	san ska	Ĕ	
				ack Ar		ĕΫ́	eric	ō		B is		ē g	eric	ō	
				B		Nati	Am	Ž		Afr		Nati	Am	≧	
						- 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	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 2023 REPORTING YEAR TOTA	L 0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2022 REPORTING YEAR TOTA	_ 0	0	1	0	0	0	0	0	0	0	0	0	0	0	1

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	ORT (	EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
						E OF RI LEVEL I		:T			1				
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON S	TSTE	2800					C	HICAG	0			IL		6066	81
			DG OD	ECE A D	T TOTTS	ATTAIN T				DEON! ('	C 1:				, ·
SECTION C – HI	CADQU	AKTEI	KS OK	ESTAB	HEADO	ILNI-L	EVEL	TARLIS	HMEN	ΓΙΟΝ (11 Γ-LEVEL	t applica	able)			
QP16884					TIEADQ	OAKILI		Strear		I-LEVEL	IVAIVIE				
HEADQUARTERS OR ESTABLISHME		EL ADD	RESS					TY/TOW				STATE		ZIP CC	
296 Carlton	Drive						CAR	OL STR	REAM			IL		6018	88
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA' 557	TION N	UMBE	R (EIN	)					
	9	SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LON	NGER I	IN BUS	INESS		
SEC	CTION					OR DE		ΓΙΟΝ (i	if applic	able)					
		Uni	ique En	tity ID (	UEI):	Not App	licable								
☐ YES (Single-Establishm	hment Employer is Federal Contractor)														
□ vec /ı	(Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
L IES (F	(Headquarters is Federal Contractor)														
	4224								coloro						
						DEMO									
			122 /	. 011111	OHOL		Race/E								
	Hisp	anic						Hispan		atino					
	or La				М	ale					Fen	nale			
				_		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islander	ō	es	
				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	Row
JOB CATEGORIES		<u>e</u>	a)	ck or Afric American	_	aii:	nerican Indian Alaska Native	e E	a)	o. Jer	_	aii	nerican Indian Alaska Native	e E	Total
	Male	Female	White	r A	Asian	aw	n a	<u>ō</u>	White	Black or an Amer	Asian	aw	u z	<u>ō</u>	
	2	Fel	≥	ko	¥	a H	cal	≥	≥	3la an	Ä	H S	cal	≥	
				lac A		i e	leri Na	0		ri E		i e	leri Na	0	
				В		F at	Am,	Š		Ą		lat the	Am,	Š	
						- 0	·	•				- 6		•	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	5	0	0	0	0	1	1	0	0	0	0	0	8
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 2023 REPORTING YEAR TOTAL	1	0	5	0	0	0	0	1	1	0	0	0	0	0	8
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2023 EMPLOYER IS	IFORM	IA I I O	N KEI	OKI (	EEO-	I COM	PONE.	N I I)					ation Dat		
				TION A BLISHN			-	RT.			•				
		SECT	TON B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	S1
SECTION C – H			DC OD	ECTA D	T TOTTA	AENTE I	_			TION (:	£ 1:			-	•
HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKIL	KS UK	ESTAB	HEADO	HEN 1-L	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME	abie)			
EB31106					TIE: ID	ZOTHTE		anaba		LEVEL	111111111111111111111111111111111111111				
												~~.~			
HEADQUARTERS OR ESTABLISHM			DRESS					TY/TOV				STATE		ZIP CC	
2700 29Th A								CANA				MI		4982	29
					952920	557				)					
X YES (Employer Is Eligib				EMPLO						NO LON	VCED I	IN BLICI	INIFCC		
	ECTION										NGER	пов	INESS		
SE	CHON			tity ID (				HON (	п аррис	able)					
VEC (Cinala Establishe	hment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
	ument Employer is Federal Contractor)														
☐ YES (	(Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	· · · · · · · · · · · · · · · · · · ·														
				ehicle P VORKF											
	T -						Race/E								
	Hisr	anic						Hispan		atino					
		atino			M	lale					Fen	nale			
				_		der o	ō	Se		_		o der	ō	S	
				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	Row
JOB CATEGORIES		<u>o</u>	a)	ck or Afric American	_	aiii Isl	nerican Indian Alaska Native	e R	ø.	or ieri	_	aiii	nerican Indian Alaska Native	e R	Total
	Male	Female	White	r A	Asian	a a i	L K	lor	White	Black or an Amer	Asian	aw	n K	<u>ö</u>	
	2	更	≥	A E	¥	a E	cai	_ ≥	≥	3la	Ϋ́	ac H	cal	≥	
				ac		i ve	eri Na	0 0		ric E		i e	eri Na	0	
				<b>ॼ</b>		the	Am ,	Š		Αŧ		lat	Am ,	Š	
						-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	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers 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	2	0	0	0	0	0	1	0	0	0	0	0	3
Laborers and Helpers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	. 0	0	5	0	0	0	0	0	3	0	0	0	0	0	8
PRIOR 2022 REPORTING YEAR TOTAL	_ 0	0	6	0	0	0	0	0	3	0	0	0	0	0	9
	1	i	1	1	i	1	i				i .	i	i		1

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

# SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT
SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425

CHICAGO IL - CORPORATE OFFICE

ADDRESS

CITY/TOWN

STATE

ZIP CODE

500 W MADISON ST STE 2800

CHICAGO

IL

60661

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

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

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

EB31748 Spokane Valley WA

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN STATE ZIP CODE
15909 East Marietta Lane SPOKANE VALLEY WA 99216

# ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

95292055

### 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)

<u>Unique Entity ID (UEI)</u>: Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SECTION H - WORKFORCE DEMOGRAPHIC DATA														
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		•			Fen	nale			
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	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	1	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
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	5	0	0	0	0	0	2	0	0	0	0	0	7
Laborers and Helpers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	8	0	0	0	0	1	5	0	0	0	0	0	14
PRIOR 2022 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	2	4	0	0	0	0	0	12

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMI LOTER IN	SECTION A – TYPE OF REPORT													e: 11/30/	2026
				TION A - BLISHM				:T			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81
SECTION C - H	EADQU	ARTEI	RS OR	<b>ESTAB</b>	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	fapplica	ıble)	'		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
EB30805						Ta	ampa F	<u> </u>		5					
HEADQUARTERS OR ESTABLISHM			RESS					TY/TOW				STATE		ZIP CC	
5109 Causew								TAMPA				FL		336′	19
	SECTI	ON D -	EMPI	LOYER 9	IDENT 52920		TION N	UMBE	R (EIN	)					
				EMPLO											
X YES (Employer Is Eligibl	e to File)	□ NO	(Empl	oyer Is N	ot Eligi	ible to F	ile) 🔲	EMPL	OYER	NO LO	IGER I	N BUSI	NESS		
SE	CTION							ΓΙΟΝ (i	if applic	able)					
			_	tity ID (											
YES (Single-Establishr	nent Emp	oloyer is	Federa	I Contrac	ctor) 🔲	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federal	Contrac	ctor)		
YES (	ishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  ES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION														
	423′	140 - M	otor V	ehicle P	arts (U	lsed) M	erchant	Whole	salers						
	SE	CHON	N H – V	VORKF	OKCE		GRAPE Race/E								I
	Hion	anic	ı							otino					
		atino			М	ale	NOL	пізрап	ic or L	auno	Fen	nale			
	<u> </u>														
				⊆		Native Hawaiian or Other Pacific Islander	o d	Two or More Races		an		Native Hawaiian or Other Pacific Islander	or O	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	ic l	Inc Na	re	White	Black or an Amer	Asian	waj ic l	Inc Na	re	Total
	Ma	e.	₹	or	Asi	Ha	ka	ĭ	Š	lac n A	Asi	Ha	an ka	ĭ	
		ш.		≱ ⊈	-	a e	eric las	ō		B	-	P, Ve	eric las	ō	
				ä		ati	A A	Š		Afr		ati her	A A	Š	
						2 8	٩	-		,		2 2	٩	-	
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	2	0	1	0	0	0	0	0	1	0	0	0	0	0	4
Professionals	0	1	1	1	0	0	0	0	0	0	0	0	0	0	3
Technicians Sales Workers	3	2	0	1	0	0	0	0	2	1	0	0	0	0	9
Administrative Support Workers	1	2	0	0	0	0	0	1	1	1	0	0	0	2	8
Craft Workers	1	0	1	0	0	0	0	1	0	0	0	0	0	0	3
Operatives	6	0	2	2	0	0	0	1	1	0	0	0	0	0	12
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	7	0	2	0	0	0	0	1	3	0	0	0	0	13
CURRENT 2023 REPORTING YEAR TOTAL	13	12	5	6	0	0	0	3	6	5	0	0	0	2	52
DDIOD 2022 DEDODTING VEAD TOTAL	1	4	3	5	0	0	0	0	0	0	0	0	0	0	13

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

# SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425 CHICAGO IL - CORPORATE OFFICE

ADDRESS CITY/TOWN STATE ZIP CODE

500 W MADISON ST STE 2800 CHICAGO IL 60661

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

HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

EK02902 Philadelphia PA - Venice

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN STATE ZIP CODE
PHILADELPHIA PA 19153

# ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

95292055

### 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): 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)

EMPLOYER NAME

### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	Race/Ethnicity														
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	1	0	0	0	0	0	0	5
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	2	3	1	0	0	0	0	0	0	0	0	0	0	6
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	3	0	2	3	0	0	0	1	0	0	0	0	0	0	9
Operatives	1	0	1	3	0	0	0	1	0	0	0	0	0	0	6
Laborers and Helpers	2	0	1	4	1	0	0	1	0	0	0	0	0	0	9
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	6	2	11	11	1	0	0	4	1	0	0	0	0	0	36
PRIOR 2022 REPORTING YEAR TOTAL	2	2	14	14	0	0	0	3	1	1	0	0	0	0	37

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMI LOTER II	(I OKW	AHO	N KEI		Expir	ation Dat	e: 11/30/	2026							
			-	TION A - BLISHN			-	RT.			,				
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	20112		2012			OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81
SECTION C - H	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME				
FM66122						Ki	ngston			4					
HEADQUARTERS OR ESTABLISHM		/EL ADE	RESS					TY/TOW				STATE		ZIP CC	
588 Market				OVERN	-			NGSTO				PA		1870	)4
					952920	557				)					
X YES (Employer Is Eligib				EMPLO oyer Is N						NO LON	NGER I	N BUS	INESS		
	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'								
<b>—</b>	_		-	tity ID (											
	ment Employer is Federal Contractor)														
☐ YES															
	Headquarters is Federal Contractor)														
	423			ON G - N ehicle P					salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E								
		anic			N.A	lala	Not	Hispan	ic or L	atino	Fan				
	or La	atino			IVI	ale					ren	nale			
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		can		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Dow
JOB CATEGORIES	4	<u>e</u>	ø	Black or African American	u	aiia	nerican Indian Alaska Native	e R	o o	Black or African American	u	aiia	nerican Indian Alaska Native	e Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	law cific	an Ir ta N	Mor	White	Black or	Asian	law cific	an Ir sa N	Mor	
		F	>	ck d Am	٧	he F Pac	rica ask	or I	>	Bla	▼	he F	rica ask	or I	
				Bla		lativ	\me	Mο		Afri		lati her	\me	ΜO	
						2 δ	1	_				- δ	1	_	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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 2023 REPORTING YEAR TOTAL		0	4	0	0	0	0	0	0	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII LOTEK II	SECTION A – TYPE OF REPORT														2026
				TON A - BLISHN				:T			•				
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - I	EADQU	ARTE	RS OR									ıble)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME				
MV45671					1			ledo Ol			1		1		
HEADQUARTERS OR ESTABLISHN		/EL ADE	RESS					TY/TOW				STATE		ZIP CO	
5245 Lewi		ON D -	FMPI	LOYER	IDENT	rifica'		TIMRE		)		OH		4361	12
				9	952920	557				,					
X YES (Employer Is Eligib				EMPLO oyer Is N						NO LON	IGER I	N BUSI	NESS		
	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'								
<b>—</b>	_		-	tity ID (											
_	ment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor)   YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES															
	Headquarters is Federal Contractor)														
	4231			ON G - N ehicle P					salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E								
		anic			N.A	lala	Not	Hispan	ic or L	atino	F				
	or La	atino			IVI	ale					ren	nale			
				Ę		Native Hawaiian or Other Pacific Islander	or e	Two or More Races		an		Native Hawaiian or Other Pacific Islander	or e	Two or More Races	
JOB CATEGORIES		ø.	_	Black or African American	_	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Ra		Black or African American	_	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	awa ific	n Inc	lore	White	Black or	Asian	awa ific	n Inc	ore	Total
	Σ	Fer	⋝	k o me	As	e Ha	icar ska	Σ	≶	Blad an 7	As	Haci	icar ska	Σ	
				slac A		itive er F	ner Ala	0		fric		tive er F	ner Ala	0	
				ш		SE	Ā	₽		•		ış ₽	Ā	Ě	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	1	0	0	0	0	1	1	0	0	0	0	0	3
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 2023 REPORTING YEAR TOTAL	. 0	0	1	0	0	0	0	1	1	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INI	MPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													mber: 30 te: 11/30/	
			SECT	TON A	- TYP	E OF R	EPORT	ı							
			ESTA	BLISH	MENT-I	LEVEL	REPOF	RT							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFIC	TION							
OFS COMPANY ID		blei	10111	Livii	LOIL	K IDE:		OYERN	IAME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS					_			ITY/TOV				CTATE		ZIP CC	DE
		0000										STATE			
500 W MADISON S								HICAG				IL		6066	51
SECTION C - HE	EADQU	J <b>ARTE</b> I	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR E	STABLIS	SHMENT	Γ-LEVEL	NAME				
GA30146						-	Toledo	OH - S	alvage						
HEADQUARTERS OR ESTABLISHME	NT-LEV	VEL ADE	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DE
5245 Lewis A	venue						7	OLED	0			ОН		436	12
		OND	EN (D)	OVED	IDENT	DIETO	TTONIN	TID IDI	D (EIN	D.					
	SECTI	ION D -	EMPI		1DEN 952920	ΓIFICA'	TION N	NUMBE	K (EIN	)					
		CECTI	) N E			FILING	PELIC	IDII IT	<b>5</b> 7						
W MAG (E. I. I. EU II.										NO FO	VAED !	DI DIIG	DIEGG		
X YES (Employer Is Eligible											NGER	IN BUS	INESS		
SEC	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishme	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) ■ YES (Multi-Establishment Employer is Federal Contractor)														
YES (H	leadana	rters is I	Federal	Contrac	tor) $\square$	VES (N	Jon-Hea	danarter	s Establ	ishment	is Feder	ral Contr	actor)		
	icaaqaa							-					actor)		
									iments i	s Federa	l Contra	actor)			
						INFOR									
						Jsed) M									
	SE	CTION	N H – V	VOKKE	ORCE	DEMO									ı
	111		ı				Race/E		-						
		oanic atino			M	lale	Not	Hispar	ic or L	atino	Eor	nale			
	OI L	auno		1	IV	lale		1		ı	rei	liale	1		
						- <del>-</del> 0		"				- <del>1</del> 0		"	
				Ę		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		ä		Native Hawaiian or Other Pacific Islander	n or	Two or More Races	
JOB CATEGORIES				Black or African American		iiar sla	nerican Indian Alaska Native	Ra		Black or African American		iiar sla	American Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	waicl	Na Na	<u>s</u>	White	Black or	Asian	ic I	Pa Na	<u>s</u>	Total
	Ma	em	۸	o le	Asi	Ha	an Ka	ĕ	₽	ac J A	Asi	Ha	an Ka	ĕ	
		ш		A K		e e	eric las	ō		B B		e e	aric las	ō	
				Big		ati	≝ ₹	8		1		ati	E E	8	
						ᄝ	⋖	É		`		ᄝ	⋖	ŕ	
5 (2)															
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers												0	0	0	4

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Operatives

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

# SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION

OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

EB31472 Columbus GA

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 145 Challenger Court, Suite 1, Suite 1 **COLUMBUS** GA 31904

# SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

# 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	1 H – V	VORKE	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicit	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	1	4	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	3	4	0	0	0	0	0	0	0	0	0	0	7
DDIOD 2022 DEDODTING VEAR TOTAL	0	0	3	3	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2022 REPORTING YEAR TOTAL			_	WODK			_			U	- 0	U	U	U	U

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`				,				Expi	ation Dat	e: 11/30/	2026
				TION A				_							
				BLISH											
OFS COMPANY ID		SECT	TON E	3 – EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					C	HICAG				OFFICE					
						1110/10				011102		OT LTD		77D CC	
ADDRESS								TY/TOW				STATE		ZIP CC	
500 W MADISON	SISIE	2800					С	HICAG	0			IL		6066	51
SECTION C - I	HEADQU	JARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
EB29932								sboro							
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOW				STATE		ZIP CC	
2415 Indust	ial Drive						JOI	NESBO	RO			AR		7240	01
	SECTI	ON D -	EMPI	LOYER	IDEN'		TION N	UMBE	R (EIN	)					
				- EMPL	OYER	FILING									
X YES (Employer Is Eligib											NGER I	IN BUS	INESS		
Si	ECTION							ΓΙΟΝ (i	if applic	able)					
_				tity ID (											
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	(Headqua	rters is l	Federal	Contrac	tor)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	ral Contr	actor)		
		Пу	ES (O	ne or Mo	ore Non	-Headar	arters F	stablish	ments i	s Federa	1 Contra	actor)			
				ON G - 1						5 T CUCTU					
	423	140 - M	otor V	ehicle F	Parts (L	Ised) M	erchant	Whole	salers						
				VORKF											
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino					
	or La	atino		1	M	ale				1	Fer	nale	1		
								<b>,</b> 0							
				Ę		ng o	o c	Š		an		nde	p e	ces	
JOB CATEGORIES				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 Islander	American Indian Alaska Native	Two or More Races	Row
	<u>e</u>	Female	White	ck or Afric American	Asian	ic I	Inc	ore	White	Black or	Asian	wa ic I	n Na	ore.	Total
	Male	em	ξ	ie e	Asi	Ha	an ka	Ĕ	₹	lac n A	Asi	E Ha	ka ka	ĭ	
		ш	_	A K		P &	eric las	ō		B	_	P e	aric las	ō	
				B		ati	A A	8		Afri		ati her	F F	N N	
						2 5	٩	-				Zõ	٩	<b>–</b>	
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	1	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	0	0	11 0	0	0	0	0	0	0	0	0	0	0	0	12 0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 0	0	20	0	0	0	0	1	1	0	0	0	0	0	22
DDIOD 2022 DEPORTING VEAR TOTA	L 0	0	19	0	0	0	0	1	1	0	0	0	0	0	21
PRIOR 2022 REPORTING YEAR TOTA	-   ·	U	19	U	U	U	U	1	, I	U	U	U	U	U	21

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMI LOTER II	VI OKWI	AHO	N KEI	OKI (	EEO-	COM	I ONE.	111)				Expir	ation Dat	e: 11/30/	2026					
								rT												
		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	TION												
OFS COMPANY ID									AME											
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE										
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE					
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61					
SECTION C – I HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	RS OR									ıble)								
QP17302					HEADQ	CARTE				I-LEVEL	NAME									
HEADQUARTERS OR ESTABLISHN	MENT-LEV	/EL ADD	RESS				CI	TY/TOW	VΝ			STATE		ZIP CO	DE					
12882 Pierc	e Street						P.	ACOIM	IA			CA		9133	31					
	SECTI	ON D -	EMPI		IDENT 952920		TION N	UMBE	R (EIN	)			•							
VFS (Employer Is Eligib										NO LON	NCFR I	N RIISI	INFCC							
											· OLK	пчвеы	LILEDS							
			-																	
	_	-																		
☐ YES	Headqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	dquarter	s Establ	ishment	is Feder	al Contr	ractor)							
	S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION																			
	4231								salers											
	SE	CTION	I H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						ı					
	11:									-4!										
		anic atino			М	ale	NOt	Hispan	IC OF L	atino	Fen	nale								
				san		an or ande	an or ve	aces		can		an or ande	an or ve	aces	Row					
JOB CATEGORIES	o o	<u>e</u>	ē	Black or African American	⊑	vaiia c Isl	ndia Iati	e R	ā	or	⊑	vaiia c Isl	ndia Iati	ē R	Total					
	Male	Female	White	or / neri	Asian	Hav	an I ka N	Mor	N Nit	ack Ar	\sia	Hav	an I ka N	δ						
		Ľ	_	ack An	1	ve I	eric Iasl	or	_	BI	1	ve I	eric Iasl	ō						
				Bi		Nati	Ame A	Two		Afr		Nati	Ame	Σ						
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0															
Professionals	0	0	1	0	0										1					
Technicians	0	0	0	0	0	0	0	0	0	0	_			0	0					
Sales Workers	0	0	0	0	0	E OF REPORT  LEVEL REPORT  RIDENTIFICATION														
Administrative Support Workers	0	0	0	0	0					TE OFFICE  STATE   ZIP CODE   IL   60661  CATION (if applicable)  IENT-LEVEL NAME  STATE   ZIP CODE   91331  EIN)  ER NO LONGER IN BUSINESS  Oplicable)  Employer is Federal Contractor)  Stablishment is Federal Contractor)  Into is Federal Contracto										
Craft Workers	0	0	0	0	0		0	0	0	DEFFICE  STATE   ZIP CODE   IL   60661  TION (if applicable) -LEVEL NAME  STATE   ZIP CODE   GARDEN										
Operatives	2	0	1	0	1	0	0	0	0	0	1	0	0	0	5					
Laborers and Helpers	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 2023 REPORTING YEAR TOTAL	_ 2	0	2	0	1	0	0	0	0	0	1	0	0	0	6					
PRIOR 2022 REPORTING YEAR TOTAL	_ 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENNI E O I ENNI	11 014.71		, 1121	0111 (	LLO .	1 00111	1 0112	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TON A · BLISHN				:T			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADQU	JARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA	ΓΙΟΝ (if	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
FM66214					ı	LaCı	osse W			tics			-		
HEADQUARTERS OR ESTABLISHM		EL ADE	RESS					TY/TOW				STATE		ZIP CO	
2721 Hems								CROS				WI		5460	03
					52920	557				)					
X YES (Employer Is Eligib				EMPLO Oyer Is N						NO LON	NGER I	N BUS	INESS		
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
	, , , , , , , , , , , , , , , , , , ,														
☐ YES (Single-Establish	Dishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
□ ves	ES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
_ IE3	• • • • • • • • • • • • • • • • • • • •														
	S (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	4231	S 140 - M	otor V	)N G − N ehicle P	NAICS larts (U	INFOR Ised) M	MATIU erchant	N Whole	salers						
				VORKF											
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino					
	or La	atino		ı ı	M	ale	1				Fen	nale	1		
JOB CATEGORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	<u>o</u>	ale	ţe.	Afr	a	waii ic Is	Ind	ē	ţe	k or	an	vaii ic Is	Ind	ē	Total
	Male	Female	White	ck or Afric American	Asian	Hay	an ka l	€	White	Black or an Amer	Asian	Hay	nerican Indian Alaska Native	€	
		ш.		ack		r e	eric	ō		E ica	,	r Pe	eric	ō	
				ă		Nati	Am	Š		Afr		Native Hawaiian Other Pacific Islan	Am	Š	
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	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	9	0	0	0	0	0	2	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 2023 REPORTING YEAR TOTAL	. 0	0	11	0	0	0	0	0	2	0	0	0	0	0	13
PRIOR 2022 REPORTING YEAR TOTAL	0	0	14	1	0	0	0	0	4	0	0	0	0	0	19

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

# LIS FOLIAL EMBLOYMENT ODDODTLINITY COMMISSION (FEOC)

EEOC Standard Form 100 (SF 100)

~	INFORMATION REPORT (EI	* /	OMB Contro	ol Number: 3046-0049 n Date: 11/30/2026								
	SECTION A - T	TYPE OF REPORT										
	ESTABLISHME	NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425		CHICAGO IL - CORPORATE OFFICE										
ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 CHICAGO IL 60661												
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ſΕ									
EP15260		Kansas City MO - Dist Ctr										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
101 North B	elmont Blvd	KANSAS CITY	MO	64123								
		ENTIFICATION NUMBER (EIN) 2920557										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	tible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINE	SS								
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>II</u> : Not Applicable										
☐ YES (Single-Establi	shment Employer is Federal Contractor	r) TYES (Multi-Establishment Employer is Federal	eral Contractor	)								
	0.07											

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

339999 - All Other Miscellaneous Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	1 H – V	VORKE	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicit	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	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	1	0	4	1	0	0	0	0	0	0	0	0	0	0	6
Laborers and Helpers	3	1	4	5	4	1	0	3	3	2	0	0	0	0	26
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	4	1	9	6	4	1	0	3	3	2	0	0	0	0	33
PRIOR 2022 REPORTING YEAR TOTAL	2	1	12	4	4	0	0	2	3	3	0	0	0	0	31
TRIOR 2022 NEI ORTINO TEAR TOTAL		EFCTI		WODK	FODCI		TOT I			_				-	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZIP CODE

29605

STATE

SC

# SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION

OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB30473 Greenville SC - Self Service

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN 1300 White Horse Road **GREENVILLE** 

# SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

	SE	CTION	I H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicity	У						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	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	1	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	2	1	0	0	0	2	6
Administrative Support Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Craft Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	3	0	6	2	0	0	0	2	0	0	0	0	0	0	13
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 2023 REPORTING YEAR TOTAL	3	0	10	2	0	0	0	3	3	1	0	0	0	2	24
PRIOR 2022 REPORTING YEAR TOTAL	1	0	6	3	0	0	0	2	0	0	0	0	0	0	12

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/202

U.S. EQUAL EMPLO 2023 EMPLOYER IN													tandard F Revised ontrol Nu- ation Dat	08/2023 mber: 30-	46-0049
			ESTA	TION A BLISHN	/ENT-I	EVEL	REPOF	RT			<b>,</b>				
		SECT	TON E	<b>B – EMP</b>	LOYE	R IDEN									
OFS COMPANY ID								OYER N			_				
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					С	HICAG	О			IL		6066	61
SECTION C - HI	EADQU	JARTEI	RS OR	ESTAB	LISHN	IENT-l	LEVEL	IDENT	'IFICA'	TION (i	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME				
FC88526						M	artinsbu	ırg WV	- Ernie	S					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADE	RESS				C	TY/TOV	VN			STATE		ZIP CC	DDE
4590 Williamsp	ort Pike	е					MAR	TINSB	URG			WV		2540	04
	SECTI	ON D -	EMPI	LOYER	IDEN 1		TION N	UMBE	R (EIN	)					
X YES (Employer Is Eligible		-		EMPLO	-		-			NO LOI	NCER I	IN RUSI	INESS		
				L CONT							(OLIV)	11 1000	LILEDS		
SEC	JION			tity ID (				IION (	п аррпс	able)					
☐ YES (Single-Establishm	ent Emp		-	-				tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (F	Ieadqua							-					ractor)		
				ne or Mo		_			ments i	s Federa	l Contra	actor)			
		140 - M	otor V	ON G - I ehicle P	arts (L	lsed) M	erchant	Whole							
	SE	ECTION	V H – V	VORKF	ORCE	DEMO	GRAPI	HIC DA	TA						
							Race/E		•						
		oanic					Not	Hispar	ic or L	.atino					
	or L	atino			M	ale		ı			Fer	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	ative Hawaiian or her Pacific Islander	merican Indian or Alaska Native	or More Races	White	Black or African American	Asian	ative Hawaiian or her Pacific Islander	merican Indian or Alaska Native	wo or More Races	Row Total
				B		ati	ĔĀ	NO N		₹		ati her	J A	8	

	Hier	anic	ı				Not	Hispan		atino					1
		atino			М	ale	NOL	ilispail	I COI L	atino	Fen	nale			1
	<u> </u>			ı		l		1		1		laic			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	1	0	10	0	0	0	0	0	0	0	0	0	0	0	11
Operatives	2	0	13	0	0	0	0	0	1	0	0	0	0	0	16
Laborers and Helpers	0	0	6	0	0	0	0	0	1	0	0	0	0	0	7
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	3	0	35	0	0	0	0	0	2	0	0	0	0	0	40
PRIOR 2022 REPORTING YEAR TOTAL	1	0	31	0	0	0	0	0	2	0	0	0	0	0	34

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REF	PORT (	EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat			
			SECT	TON A	– TYPI	E OF RI	EPORT				ı					
			ESTA	BLISHN	ΛΕΝΤ-Ι	_EVEL I	REPOR	RT								
		SECT	ION B	– EMP	LOYE	R IDEN										
OFS COMPANY ID								OYER N			_					
AC16425					C	HICAG	3 IL - C	ORPO	RAIE	OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE	
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61	
SECTION C - HE	EADQU	ARTEI	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA	ΓΙΟΝ (i	f applica	able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	Γ-LEVEL	NAME					
QP16147							Charlot	te NC -	APO							
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE	
333 Dalton	Ave						СН	ARLOT	TE			NC		2820	06	
	SECTI	ON D -	FMPI	LOYER	IDENT	TIFICA'	TION N	HIMRE	R (FIN	)						
	SECII	OND	121411 1		952920		110111	CNIDE	K (EII)	,						
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Y							
X YES (Employer Is Eligible	to File)	□no	(Emple	oyer Is N	Not Eligi	ible to F	ile)	EMPLO	OYER I	NO LO	NGER I	N BUS	INESS			
	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable															
SEC.																
☐ VES (Single-Establishm	ent Emr	Unique Entity ID (UEI): Not Applicable  Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
	_	Unique Entity ID (UEI): Not Applicable  Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (H	leadqua	t Employer is Federal Contractor)														
		$\square$ Y	ES (Or	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	ıl Contra	actor)				
				N G - 1												
	423′	140 - M	otor V	ehicle P VORKF	Parts (U	sed) M	erchant	Whole	salers							
	SE	CHON	H – V	VOKKE	ORCE			thnicity								
	∐ien	anic						Hispan		atino						
		atino			М	ale	NOL	ilispaii	IC OI L	atiiio	Fen	nale				
				_		i je	'n	S		_		ج مع	5	Sé		
				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 Islander	American Indian or Alaska Native	Two or More Races	Row	
JOB CATEGORIES	4	<u>le</u>	ø	ck or Afric American	_	ajje Isl	ndia ati	e R	Ð	o Jeri	_	ajje Isl	nerican Indian Alaska Native	e R	Total	
	Male	Female	White	or A eric	Asian	a ific	n Ir a N	¶or	White	Black or	Asian	a ≓ie	a N	/lor		
	_	Fe	>	k e	⋖	P H	ica		>	Bla	⋖	P E	ica	r.		
				slac ,		erl	ner Ala	Q		ļ ij		erl	Ala	0		
				ш		울	Ar	≥		⋖		울동	Ā			
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	1	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
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	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTAL	1	0	1	1	0	0	0	0	0	0	0	0	0	0	3	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	INFORMATION REPORT (El	EO-1 COMPONENT 1)		ol Number: 3046-0049 in Date: 11/30/2026
		TYPE OF REPORT		
	ESTABLISHME	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABL	ISHMENT-LEVEL IDENTIFICATION (if app	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	Н	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	1E	
GA29881		Wholesale West Admin		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
1701 E Lan	nar St, #200	ARLINGTON	TX	76006
		DENTIFICATION NUMBER (EIN)		
		2920557		
_	<u> </u>	YER FILING ELIGIBILITY		
X YES (Employer Is Elig	gible to File) <b>II NO</b> (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSINE	SS
	SECTION F – FEDERAL CONTR Unique Entity ID (UE	ACTOR DESIGNATION (if applicable)  EI): Not Applicable		
☐ YES (Single-Establi	shment Employer is Federal Contracto	r) YES (Multi-Establishment Employer is Fed	eral 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	( II – V	VOKKI	OKCE	DEMO	GKAFI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	7	0	0	0	0	0	0	10	3	0	0	0	0	20
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	7	0	0	1	0	0	0	12	3	0	0	0	0	23
PRIOR 2022 REPORTING YEAR TOTAL	0	4	1	0	0	0	0	0	10	3	0	0	0	0	18

SECTION I - WORKFORCE SNAPSHOT PERIOD

12102023 - 12232023

EEOC Standard Form 100 (SF 100) Revised 08/2023

0

0

0

0

0

0

0

0

n

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

1

6

8

0

0

20

11

#### OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME FM66645 Wichita KS - Self Service HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 700 East 21St Street North **WICHITA** KS 67214 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or

0 SECTION I - WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/20

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

2

0

3

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

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

Executive/Senior Level Officials and Managers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

First/Mid-Level Officials and Managers

Administrative Support Workers

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Operatives Laborers and Helpers 0

0

0

0

0

1

0

0

0

2

2

0

0

0

0

0

3

0

0

0

1

5

0

0

9

0

0

1

0

0

0

0

2

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

# SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425

CHICAGO IL - CORPORATE OFFICE

ADDRESS

CITY/TOWN
STATE

500 W MADISON ST STE 2800

CHICAGO
IL

60661

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

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

HF16245 Johnston RI - APO Providence

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN
STATE ZIP CODE

19 Industrial Lane
JOHNSTON
RI
02919

# ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

95292055

# 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	UKCE	DEMO	GKAPI	HC DA	1A						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	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	1	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	1	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	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	1	0	0	1	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	0	1	1	0	0	0	0	1	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	0	0	1	1	1	0	0	0	0	0	0	0	0	0	3

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

# SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID		EMPLOYER NAME										
AC16425	CHICAGO IL - CORPORATE OFFICE  SS CITY/TOWN STATE ZIP CODE											
ADDRES	STATE	ZIP CODE										
500 W MADISON ST STE 2800 CHICAGO IL												
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if app	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	1E									
FA71790	Hesperia CA											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
11399 Sante Fe Ave E HESPERIA CA 92												

# ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

953406551

## SECTION E – EMPLOYER FILING ELIGIBILITY

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

## ${\bf SECTION}\ {\bf F-FEDERAL}\ {\bf CONTRACTOR}\ {\bf DESIGNATION}\ ({\bf if\ applicable})$

Unique Entity ID (UEI): Not Applicable

☐ YES (Single-Establishment Employer is Federal Contractor)	actor)

 $\hfill \hfill$ 

# SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	1	1	1	0	0	0	0	0	0	0	0	0	0	5
Administrative Support Workers	0	3	0	0	0	0	0	0	1	0	0	0	0	0	4
Craft Workers	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	10	1	0	1	0	0	0	0	0	0	0	0	0	0	12
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 2023 REPORTING YEAR TOTAL	14	5	3	2	0	0	0	0	1	0	0	0	0	0	25
PRIOR 2022 REPORTING YEAR TOTAL	7	1	1	1	0	0	0	0	1	0	0	0	0	0	11

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  SECTION A – TYPE OF REPORT												Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
			ESTA	BLISH	/ENT-l	EVEL	REPOR	RT			•						
		SECT	TON B	<b>– EMP</b>	LOYE	R IDEN											
OFS COMPANY ID					_			OYER N									
AC16425					C	HICAG	O IL - C	ORPO	RAIE	OFFICE							
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CO	DE		
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61		
SECTION C - HI	EADQU	JARTE	RS OR									able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME						
JT56793							He	lena M	T								
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADI	RESS				Cl	TY/TOV	VN			STATE		ZIP CO	CODE		
1810 East Ly	ndale						H	HELEN.	A			MT		5960	)1		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557																	
	SECTION E – EMPLOYER FILING ELIGIBILITY																
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS																	
SEC	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (	if applic	able)							
☐ <b>YES</b> (Single-Establishm	ent Emr		_					tablishn	nent Em	nlover is	Federa	l Contra	ctor)				
YES (F	-	•															
L IES (I	icauqua				. —			•		s Federa			actor)				
				)N G - I													
		140 - M	otor V	ehicle F	arts (U	lsed) M	erchant	Whole									
	SE	ECTION	V H – V	VORKF	ORCE										T		
							Race/E		•								
		oanic atino			M	ale	Not	Hispar	ic or L	.atino	Eon	nale					
	OI L	l		1	141	ale		l		1	1 61	ilaic	l				
JOB CATEGORIES	Male	Female	White	ick or African American	Asian	ve Hawaiian or Pacific Islander	rican Indian or laska Native	or More Races	White	Black or can American	Asian	Asian we Hawaiian or Pacific Islander rican Indian or aska Native or More Races					
	Σ	Fer	>	ack o Ame	As	ve H	erica: laska	or R	>	Bla ican ,	ĕ	ve Ha	erica Iaska	or M			

								tnnicit	•						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	6	0	0	0	0	0	1	0	0	0	0	0	7
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 2023 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	1	0	0	0	0	0	7
PRIOR 2022 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	1	0	0	0	0	0	7

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

Expiration Date: 11/30/20												2026			
						E OF RI LEVEL I		·T			-				
		CECT													
OFS COMPANY ID		SECI	ION B	- EMP	LUYE	R IDEN		OYER N	AME						
AC16425					0	LUCACA				OFFICE					
AC10425					C	пісав				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HI	EADOL	ARTE	RS OR	ESTAB	LISHA	/ENT-I	EVEL.	IDENT	IFICA'	FION (if	f a <b>nnli</b> ca	hle)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	LIIDQU	7111111	NO OIL	LOTAL	HEADC	UARTE	RS OR ES	TABLIS	HMEN	T-LEVEL	NAME	ioic)			
EB30942					·			II - Self							
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
11475 Chicag	o Drive						H	OLLAN	D			MI		4942	24
<del>-</del>			EMPI		IDENT 952920	ΓΙΓΙCA'	TION N	UMBE	R (EIN	)					
		SECTIO	NF-			FILING	FLICI	RII ITY	7						
X YES (Employer Is Eligible										NO LON	NGER I	N BUSI	INESS		
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable															
Unique Entity ID (UEI): Not Applicable															
☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers															
	423 SE	CTION	IH-V	VORKE	ORCE	DEMO	GRAPI	HC DA	TA						
								thnicity							
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
100 0475000150				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	0	<u>e</u>	ø	ck or Afric American	_	aii	ndi Iati	e F	9	o de	u	aii	nerican Indian Alaska Native	ē	Total
	Male	Female	White	or A	Asian	a iii a	n lı a N	/lor	White	Black or an Amer	Asian	a ific	n la	آو	
	2	Fe	>	k c	Ř	a Se	ica Isk	r N	>	Bla	¥	E SE	ica Isk	_	
				lac /		er F	ner Ala	0 0		_ ::		er f	ner Ala	0	
				В		than the	An ,	≥		₹		than the	An ,	≥	
						- 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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	3
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	1	0	6	0	0	0	0	0	0	0	0	0	0	0	7
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 2023 REPORTING YEAR TOTAL	3	0	10	0	0	0	0	0	2	0	0	0	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

			1								
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425		CHICAGO IL - CORPORATE OFFICE									
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
500 W MADISON ST STE 2800 CHICAGO IL 60661											
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME											
JB60545		Lawrence MA -APO North Boston									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
100 Glenn Stre	eet, Suite 100A	LAWRENCE	MA	01843							
		DENTIFICATION NUMBER (EIN) 2920557									
	SECTION E – EMPLOY	TER 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) <u>Unique Entity ID (UEI)</u> : Not Applicable											
VFS (Single-Establi	VFS (Single-Establishment Employer is Federal Contractor) VFS (Multi-Establishment Employer is Federal Contractor)										

## SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

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

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

SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	0	0	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	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	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	Expiration Date: 11/30/2026												
	SECTION A – T	YPE OF REPORT											
	ESTABLISHMENT-LEVEL REPORT												
	SECTION B - EMPLO	YER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME											
AC16425													
ADDRES	STATE	ZIP CODE											
500 W MADISON ST STE 2800 CHICAGO IL 60661													
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)													
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
FM66272		Flower Mound TX - KAO Whse											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
351 Lakesid	351 Lakeside Parkway FLOWER MOUND TX 75028												
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557													
	SECTION E – EMPLOY	ER 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	1	0	4	0	0	0	0	0	0	0	0	0	0	0	5
First/Mid-Level Officials and Managers	6	0	5	1	0	1	0	0	1	0	0	0	0	0	14
Professionals	1	0	4	0	0	0	0	1	4	1	0	0	0	0	11
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	1	6	0	1	0	0	0	6	0	0	0	0	0	16
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	11	0	8	10	0	0	0	2	0	1	0	0	0	0	32
Laborers and Helpers	12	6	6	13	3	0	0	4	2	5	1	0	0	0	52
Service Workers	1	1	1	2	0	0	0	0	2	2	0	0	0	0	9
CURRENT 2023 REPORTING YEAR TOTAL	34	9	34	26	4	1	0	7	15	9	1	0	0	0	140
PRIOR 2022 REPORTING YEAR TOTAL	15	1	15	8	0	0	0	1	3	2	0	0	0	0	45
2022 31(111/3 12/11/13/12		ECTI	NIT '	WODK	EODCI	CNIAD	CHOTI	DEDIO							

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

11

				`				,				Expiration Date: 11/30/2026			
						E OF RI LEVEL I		:T							
		SECT	TON R	- FMP	IOVE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	ION	- Livii	LOIL	K IDEA		OYER N	AME						
AC16425					С	HICAGO				OFFICE	:				
												~~.~~	-	=======================================	
ADDRESS								TY/TOW				STATE		ZIP CO	
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME				
EB31775								Porte IN							
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
1900 Whirlpool I	Orive Ea	est					L	APORT	Έ			IN		4635	50
	SECTI	ON D -	EMPI		IDENT 952920	FIFICA' 557	TION N	UMBE	R (EIN	)					
		SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	e to File)	□NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPLO	OYER	NO LON	IGER I	N BUSI	NESS		
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  VES (Sinch Entablishment Ent															
☐ 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers															
	423°	CTION	otor v	VORKE	ORCE	DEMO	ercnant GRAPI	WNOIE IIC DA'	Salers TA						
		01101	122 /	· OILIII	ORCL		Race/E								
	Hisp	anic						Hispan		atino					
		atino			М	ale					Fen	nale			
						_						_			
JOB CATEGORIES												Row Total			
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals Tachnisians	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
				TION A BLISHN				RT			•				
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S								HICAG				IL		6066	51
SECTION C - HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE:	RS OR ES	STABLIS	SHMENT	T-LEVEL	NAME				
JB60536							Miam	i FL - <i>A</i>	APO						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADE	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DDE
11930 SW 128	th Stree	et						MIAMI				FL		3318	36
	SECTI	ON D -	EMPI	LOYER	IDEN'		TION N	UMBE	R (EIN	)	·				
		SECTIO	ON E -	EMPL			ELIGI	BILIT	Y						
X YES (Employer Is Eligible										NO LOI	NGER I	IN BUSI	NESS		
				L CONT											
				tity ID (				`	••	,					
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contrac	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (F	☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
	4231			ON G - N ehicle P					salers						
				VORKF											
							Race/E		•						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			M	lale					Fer	nale			
						_						_			
				an		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	Bow
JOB CATEGORIES	_	<u>o</u>	•	Black or African American	_	aiia Isk	nerican Indian Alaska Native	e R	•	or ieri	٠	aiia Isk	nerican Indian Alaska Native	e R	Row Total
	Male	Female	White	r A	Asian	aw.	ΞŽ	ore	White	Black or an Amer	Asian	iji a	E S	ore	. Otal
	Σ	Fe	₹	k o me	As	ac H	ska	Σ	⋝	sla an	As	a I	car ska	Σ	
				ac A		<u>₹</u>	eri	0		Ę,		<u>.</u> ĕ ₽	eri Na:	0	
				<b>⊞</b>		lat	٩	ĕ		Afi		lat	u\ ✓	ĕ	
						~ ō	_	-				2 g	1	-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	1	0	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	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

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT-LEVEL\,\,COMMENTS}\,(optional)$ 

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 2011 201211	Expiration Date: 11/30/20													2026		
	SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT SECTION B – EMPLOYER IDENTIFICATION															
		SECT	'ION F	R – EMP	LOVE	R IDEN	TIFICA	TION								
OFS COMPANY ID		BECI	10111	Livii	LOIL	K IDEI		OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE	
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81	
SECTION C - 1	HEADQU	ARTEI	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	applica	able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME					
FC87123								ides S0								
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOW				STATE		ZIP CO		
3580 N Williamsbu			FMDI	OVED	IDENT	CIFIC A'		CADES		)		SC		2951	8	
		SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER FILING ELIGIBILITY														
X YES (Employer Is Eligib		to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
S	ECTION	TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
VFS (Single-Establish	ment Emr	Unique Entity ID (UEI): Not Applicable														
_ , ,	-	ent Employer is Federal Contractor)														
LYES	(неааqиа	eadquarters is Federal Contractor)														
		YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION														
	423	S 140 - M	ectic otor V	)N G − N ehicle P	NAICS Parts (U	INFOR	MATIO erchant	N Whole	salers							
				VORKF		DEMO	GRAPI	IIC DA	TA							
			1				Race/E		,							
		anic atino			М	ale	Not	Hispan	ic or L	atino	Fen	nale				
	0. 2.				141	aic					1 01	laic				
				_		or	ō	es		⊑		or	ō	es		
JOB CATEGORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row	
JOB GATEGORIES	<u>e</u>	Female	<u>i</u> e	ck or Afric American	an	wai ic Is	Ind Nat	<u>e</u>	ite	Black or	au	wai ic Is	Ind Nat	<u>e</u>	Total	
	Male	e.	White	r or	Asian	Ha	an	Ĕ	White	lac n A	Asian	Hay	an	Ĕ		
		ш.		ack Ar	,	ēξ	eric	ō		E E		r Pe	eric	ō		
				B		Nati	Am	Ž		Ąŧ		Nati	Am	Ž		
						- 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	0	0	4	0	0	0	0	0	2	0	0	0	0	0	6	
Professionals Table in the second sec	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													1			
Administrative Support Workers Craft Workers	0         0												0 5			
Craft Workers	0         0         4         1         0															
Operatives													14			
Laborers and Helpers Service Workers		0		3	0	0	_	1 0	0		0	0	0	0	5	
													0			
CURRENT 2023 REPORTING YEAR TOTA	L 1	0	20	7	0	0	0	1	2	0	0	0	0	0	31	
PRIOR 2022 REPORTING YEAR TOTA	L 0	0	15	7	0	0	0	1	1	0	0	0	0	0	24	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

Expiration Date: 11/30/2026													2026			
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT SECTION B – EMPLOYER IDENTIFICATION																
		SECT	'ION E	R – FMP	IOVE	R IDEN	TIFICA	TION								
OFS COMPANY ID		SECI	TON	- 151411	LOIL	K IDEA		OYER N	AME							
AC16425					С	HICAG				OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE	
500 W MADISON								HICAG				IL		6066	81	
SECTION C – HO/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<mark>ΓΙΟΝ</mark> (if Γ-LEVEL	applica	ıble)				
QP17260					пеарс	VUAKTEI		linas C		I-LEVEL	NAME					
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL.ADΓ	RESS					TY/TOW				STATE		ZIP CO	DE	
26 summe		LLINDL	TLDD					ALINA				CA		9390		
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	)						
	;	952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  SELICION IN PROCESS AND A CONCERNING PURINESS.														
		to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
S	ECTION	TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establish	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
☐ YES	(Headqua	Headquarters is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
_	` 1	Ieadquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
		S	ECTIO	ON G - 1	NAICS	INFOR	MATIO	N								
				ehicle P VORKF												
	SE	CHON	(H – V	VUKKF	OKCE		Race/E									
	Hisp	anic						Hispan	,	.atino						
	or L	atino			M	ale					Fen	nale				
						z qer	7	S		_		or der	7	S		
IOD CATECODIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row	
JOB CATEGORIES	<u>o</u>	ale	ţe	ck or Afrio American	an	waii ic Is	Indi Nati	ē	ţe	Black or an Amer	au	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	ē	Total	
	Male	Female	White	or	Asian	Hay	an ka	€	White	laci n A	Asian	Hay	an ka	§		
		ш.		ack Ar	,	r Pe	eric	ō		B ica	-	i ve	eric	ō		
				B		Nat	Am 4	×		₽₽		Nat	Am 4	Ĭ		
	1	_														
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Craft Workers	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												0			
Operatives	4 0 0 0 0 0 0 0 0 0 0 0 0 0												4			
Laborers and Helpers													0			
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTA	L 4	0	0	0	0	0	0	0	0	0	0	0	0	0	4	
PRIOR 2022 REPORTING YEAR TOTA	<b>L</b> 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
I MON 2022 NEFORTING TEAR TOTA	·-	1		ı	-	1 ,	· ·	•			-			•	_	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

	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						
				TION A BLISHN															
		SECT	ION B	B – EMP	LOYE	R IDEN	TIFICA	TION											
OFS COMPANY ID								OYER N	AME										
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE									
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DE				
500 W MADISON S								HICAG				IL		6066	61				
	IEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if app																		
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAI												ME						
QP16620	Gainesville FL																		
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				Cl	TY/TOV	VN			STATE		DDE					
1814 NE 23rd	Avenue GAINESVILLE													3260	09				
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)									
				EMPL	-		_												
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	IGER I	IN BUS	INESS						
SEC	CTION			L CONT				TION (	if applic	able)									
YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)						
YES (H	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	lon-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)						
		□ Y	ES (O	ne or Mo	ore Non	-Headqı	arters E	Establish	ments i	s Federa	l Contra	actor)							
	423			ON G - I ehicle P					ealare										
				VORKE															
							Race/E	thnicit	у										
		anic					Not	Hispar	ic or L	atino.									
	or L	atino			М	ale					Fen	nale	1						
	an an an an an an an an an an an an an a												seo						
JOB CATEGORIES	Φ	ale	ē	∆frica can	u	vaiiar c Isla	ndiar	re Ra	ā	or	⊆	vaiiar c Isla	ndiar	re Ra	Row Total				
	Male	Female	White	lack or African American	Asian	tive Hawaiian or er Pacific Islander	nerican Indian or Alaska Native	or More Races	White	Black or frican American	Asian	tive Hawaiian or er Pacific Islander	nerican Indian or Alaska Native	or More Races					
	ı	l	l	- <del></del>		. <del>.</del> = .	ıĕ∢	0	l	ı <u>.</u> =		ı∓a	ıč∢	0					

							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	1	0	0	0	0	0	0	0	0	0	0	3
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 2023 REPORTING YEAR TOTAL	0	0	2	1	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZIP CODE

63042

STATE

MO

# SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** 

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

1601 Trade Port Drive, Suite 100

SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID		EMPLOYER NAME										
AC16425 CHICAGO IL - CORPORATE OFFICE												
ADDRESS CITY/TOWN STATE ZIP CO												
500 W MADISO	N ST STE 2800	CHICAGO	L	60661								
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
JT56892 Hazelwood MO - KAO Logistics												

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

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): 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)

CITY/TOWN

**HAZELWOOD** 

### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA  Pace/Fethnicity															
	Race/Ethnicity Hispanic Not Hispanic or Latino														
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	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	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
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 2023 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2022 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	2	0	0	0	0	0	0	7
		SECTIO	ANIT _ '	WODE	FODCI	CNIAD	CUATI	DEDIA	n.						

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

# SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425 CHICAGO IL - CORPORATE OFFICE

ADDRESS CITY/TOWN STATE ZIP CODE

500 W MADISON ST STE 2800 CHICAGO IL 60661

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)
HQ/ESTABLISHMENT-LEVEL UNIT ID
HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

EB31528 Port Allen LA -Baton Rouge

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN STATE ZIP CODE
1944 Commercial Drive PORT ALLEN LA 70767

# ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

### 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): 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)

EMPLOYER NAME

#### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORRFORCE DEMOGRAPHIC DATA  Race/Fthnicity															
	Race/Ethnicity Hispanic Not Hispanic or Latino														
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	1	0	0	0	0	0	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	5	5	0	0	1	1	3	0	0	0	0	0	16
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	4	9	0	0	0	2	1	2	0	0	0	0	19
Laborers and Helpers	1	0	3	7	0	0	0	1	0	0	0	0	0	0	12
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	1	15	22	0	0	1	4	5	2	0	0	0	0	52
PRIOR 2022 REPORTING YEAR TOTAL	0	1	15	20	0	0	1	2	3	1	0	0	0	0	43

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI E0 1EMI	Expiration Date: 11/30/20													2026		
	SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT SECTION B – EMPLOYER IDENTIFICATION															
		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID								OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE	
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81	
SECTION C – H HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (i1 Γ-LEVEL	fapplica	ıble)				
EB30740					неарс		Redmon				NAME					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADD	RESS			•		TY/TOW				STATE		ZIP CO	DE	
2727 Sw								DMON				OR		9775		
	SECTI	ECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
<u>_</u>		SECTION E – EMPLOYER FILING ELIGIBILITY														
		to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SE	CTION	TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
YES (Single-Establishr	nent Emp	<u>Unique Entity ID (UEI)</u> : Not Applicable  nt Employer is Federal Contractor) ☐ <b>YES</b> (Multi-Establishment Employer is Federal Contractor)														
<del>_</del> _ · · ·	-	· ·														
L TES	Headqua	eadquarters is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION															
		140 - M	otor V	ehicle P	arts (U	lsed) Mo	erchant	Whole								
	SE	CTION	V H – V	VORKF	ORCE										T	
							Race/E		,							
		anic				lala.	Not	Hispan	ic or L	atino	F					
	or La	atino			IVI	ale					ren	nale				
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	
	Ĕ	Fen	Š	ack or Ame	As	ve Ha	erican Iaska	o Me	×	Blac ican A	As	ve Ha	erican Iaska	o Me		
				B		Nati Othe	Am	T <sub>W</sub>		Afr		Nati Othe	Am	Δ		
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	4	0	0	0	0	0	0	0	0	0	0	0	4	
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	1	0	2	0	0	0	0	0	0	0	0	0	0	0	3	
Administrative Support Workers Craft Workers	0         0											0 2				
Operatives	3	0	6	0	0	0	0	0	0	0	0	0	0	0	9	
Laborers and Helpers												2				
Service Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
CURRENT 2023 REPORTING YEAR TOTAL														21		
PRIOR 2022 REPORTING YEAR TOTAL	4	0	13	0	0	0	0	0	1	0	0	0	0	0	18	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI EO TERM	Expiration Date: 11/30/200													2026		
	SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT SECTION B – EMPLOYER IDENTIFICATION															
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID								OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE	
500 W MADISON								HICAG				IL		6066	61	
SECTION C – I HO/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (if Γ-LEVEL	f applica	able)				
EB31418					неарс	UAKTEI		Iman A		I-LEVEL	NAME					
HEADQUARTERS OR ESTABLISHM	MENIT I EX	/EL ADE	DECC		- 1			TY/TOW			-	CTATE	1	ZIP CC	DE	
215 County F			DKESS					ULLMA				STATE		3505		
213 County I			- EMPI	LOYER	IDENT	TIFICA'				)		AL		3300		
		952920557 SECTION E – EMPLOYER FILING ELIGIBILITY														
	le to File)	to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SI	ECTION	TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establish	ment Emp	nt Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)														
□YES	Headqua	eadquarters is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
	, <b>-1</b>															
		☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION														
		140 - M	otor V	ehicle P	arts (U	lsed) Mo	erchant	Whole								
	SE	CTION	V H – V	VORKF	ORCE										1	
			1				Race/E		<u>,                                      </u>							
		anic atino			м	ale	Not	Hispan	IC Or L	atino	Fen	nale				
	0. 2.										1 01	laic				
				an		Native Hawaiian or Other Pacific Islander	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	Row	
JOB CATEGORIES		<u> </u>	o o	Black or African American	_	aiia	nerican Indian Alaska Native	e R	o o	or neri	u	aiia	nerican Indian Alaska Native	e R	Total	
	Male	Female	White	ck or Afric American	Asian	law cific	an Ir ta N	Mor	White	Black or an Amer	Asian	law cific	an Ir ka N	۸or		
	_	F	>	Sk 6	⋖	he F Pac	rica ask	ō	>	Bla	▼	he F Pac	rica ask	o.		
				Bla		ativ	me Al	8		Afri		ativ	me Al	8		
						zδ	٩	Η.				Zδ	٩	Η.		
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	1	0	0	0	0	0	4	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	1	1	1	0	0	0	0	0	0	0	0	0	0	3	
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives													20			
Laborers and Helpers Service Workers				_											13 0	
CURRENT 2023 REPORTING YEAR TOTAL	0												41			
CONNENT 2023 REPORTING TEAR TOTAL	-   -		JI	J	U	U	U		J	U	<u> </u>	U	U	U	41	
PRIOR 2022 REPORTING YEAR TOTAL	_ 2	1	28	5	0	0	0	0	6	0	0	0	0	0	42	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
						E OF RI									
						_EVEL I									
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID					•			OYER N		055105					
AC16425					C	HICAG	3 IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
500 W MADISON S								HICAG				IL		6066	81
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR			<u>IENT-L</u> UARTEI						able)			
QP16851					пеарс	UAKIE		luth MN		-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHMI	ONT LEV	EL ADE	DECC		-1			TY/TOW			-	CTATE		ZIP CO	DE
HEADQUARTERS OR ESTABLISHMI 4418 Grand		EL ADL	DKESS					ULUT				STATE		5580	
4416 Glanc												IVIIN		3360	) (
	SECTI	ON D –	EMPI	LOYER	IDENT 952920	TIFICAT 557	TION N	UMBE	R (EIN	)					
	9	SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	Unique Entity ID (UEI): Not Applicable														
SEG	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
	Unique Entity ID (UEI): Not Applicable shment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)														
TYES (I	Unique Entity ID (UEI): Not Applicable														
<b>–</b>	1					-Headqu		_					,		
						INFOR			inches i	3 I cacia	Contro	uctor)			
	4231	140 - M	otor V	ehicle P	arts (U	lsed) Me	erchant	Whole	salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO									
	Ulon	onio	1				Race/E	-		atin a					
	Hisp or La				М	ale	NOt	Hispan	IC OF L	atino	Fen	nale			
	01 20				141						1 61	ilaic			
				_		or der	ō	Se		_		or der	ō	S	
				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	an an	le	ø,	ck or Afric American	u	raiis S ISI	nerican Indian Alaska Native	e R	ø,	or	u	aiis	nerican Indian Alaska Native	e E	Total
	Male	Female	White	or A eric	Asian	aw	n Ir a N	Лог	White	Black or an Amer	Asian	a iii a	n Ir a N	<b>l</b> or	
	_	Fe	>	k G	٧	е Н	ica	٦٠	>	Bla	٧	Рас	ica	7	
				slac ,		tiv	ner Ala	0		fric		erl	ner Ala	õ	
				ш		R S	An	≥		¥		물	An	≥	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives Laborers and Helpers	0	0	3 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 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
	_	_	_	_	_		-	-			-		_	-	•

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI EO TERM	Expiration Date: 11/30.													2026		
				TION A BLISHN				T.								
		SECT	TION B	B – EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID								OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE	
500 W MADISON								HICAG				IL		6066	61	
SECTION C – I HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<mark>ΓΙΟΝ</mark> (it Γ-LEVEL	f applica	able)				
EB30381					пеарс		igan Cit				NAME					
HEADQUARTERS OR ESTABLISH	AENIT I EX	EL ADD	DECC			IVIICITI		TY/TOW		inco		STATE		ZIP CC	DE	
728 West Us F			KESS					IIGAN				IN		4636		
720 11001 001			- EMPI	LOYER						)				1000		
		SECTIO	ON E -	EMPL	952920 OYER		ELIGI	BILIT	Y							
X YES (Employer Is Eligib											NGER I	IN BUS	INESS			
Si	ECTION	F – FEI <u>Uni</u>	<b>DERA</b> l ique En	L CONT tity ID (	T <b>RACT</b> UEI):	OR DE: Not App	SIGNA' olicable	ΓΙΟΝ (i	if applic	able)						
☐ YES (Single-Establish	ment 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)															
	423	140 - M	lotor V	ehicle P	arts (U	Ised) Mo	erchant	Whole	salers							
	SE	CTION	N H – V	VORKF	ORCE										1	
	Hier	anic					Race/E	tnnicit Hispan	<u>,                                      </u>	atino						
		atino			М	ale	1101	Пэрап		atino	Fer	nale				
						Ę.						Ę.				
				an		Native Hawaiian or Other Pacific Islander	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	Row	
JOB CATEGORIES		<u>e</u>	ø	Black or African American	u	aiia	nerican Indian Alaska Native	e R	o o	or neri	_	aiia	nerican Indian Alaska Native	e R	Total	
	Male	Female	White	ck or Afrio American	Asian	law	an Ir	Mor	White	Black or an Amer	Asian	law	an Ir	Mor		
	_	Fe	>	ck o	٧	e H Pac	rica ask	ō	>	Bla	<	e H Pac	rica ask	ō		
				Bla		ativ	me Al	Š.		∆frie		ativ	me	Š.		
						2 2	•	ŕ				2 2	•	ŕ		
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	1	0	0	0	0	0	0	4	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	0	1	0	0	0	0	0	0	1	0	0	0	0	2	
Craft Workers	0	0	2	1	0	0	0	0	0	0	0	0	0	0	3	
Operatives	3	0	2	1	0	0	0	0	0	0	0	0	0	0	6	
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTAL		0		2	0	0	0	1	0	1	0	0	0	0		
CORRENT 2023 REPORTING TEAR TOTAL	_ 3	U	10	2	U	U	U	 	U		U	U	U	U	17	
PRIOR 2022 REPORTING YEAR TOTAL	_ 4	0	5	0	0	0	0	1	0	0	0	0	0	0	10	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`				,				Expi	ration Dat	e: 11/30/	/2026
				TION A BLISHN											
		SECT		B – EMP											
OFS COMPANY ID		SECI	HONI	- ENIF	LOIE	KIDEN		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - 1	HEADQU	JARTE	RS OR									able)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME				
EP38248						Gree	nville N			a-SS					
HEADQUARTERS OR ESTABLISH		/EL ADI	DRESS					TY/TOV				STATE		ZIP CC	
4558 U.	5. 13						GR	EENVI	LLE			NC		2783	34
	SECTI	ON D -	- EMPl	LOYER	IDEN <sup>7</sup> 952920		TION N	UMBE	R (EIN	)					
				- EMPL	OYER	FILING									
X YES (Employer Is Eligib											NGER 1	IN BUS	INESS		
S	· ·														
☐ VES (Single-Establish	Shment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
<del>-</del> - · · ·	6 (Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
LIES	(Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	423			)N G - I ehicle P					salers						
				VORKF											
							Race/E		•						
		oanic atino			N/	ale	Not	Hispan	ic or L	atino.	For	nolo			
	Or L	atino			IV	ale					rei	nale			-
				_		o der	Į.	S		_		o der	ō	S	
IOD CATECODIES				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	an (	Two or More Races	Row
JOB CATEGORIES	ø	Female	9	ck or Afrio American	⊆	vaii	nerican Indian Alaska Native	re F	ē	Black or an Amer	⊆	vaii	American Indian Alaska Native	re F	Total
	Male	l ii	White	or/ neri	Asian	cji a	an I ca N	Moi	White	ack	Asian	dav	a l	Mo	
	-	щ	>	ck	٩	Pa Pa	rica	o.	>	Bla	٩	Pa Pa	rica	or I	
				3la		ati.	nel Ala	ě		fric		ati.	₽E Ä	Q	
						ĭ ₹	Ā	_≥		▼		ĭ ₹	₹	₽	
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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	1	0	0	0	0	0	0	0	2	0	0	0	0	5
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	1	0	0	4	0	0	0	0	0	0	0	0	0	0	5
Operatives	1	0	3	2	0	0	0	1	0	0	0	0	0	0	7
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 2023 REPORTING YEAR TOTA	<b>L</b> 5	1	4	6	0	0	0	1	0	2	0	0	0	0	19
DDIOD 2022 DEPORTING VEAR TOTA	L 2	1	1	3	0	0	0	1	0	1	0	0	0	1	10
PRIOR 2022 REPORTING YEAR TOTA	<u> </u>	l '	'	٥	U	U	U	1 1	U		U	1 0	U	l '	10

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

# SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME GN78790 Ottumwa IA - Keystone

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 214 Fox Sauk Road **OTTUMWA** IA 52501

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

	SE	CTION	I H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
PRIOR 2022 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/202

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO						NT 1)					ontrol Nu ration Dat		
						E OF RI		_							
						_EVEL I									
OFS COMPANY ID		SECT	TON B	– EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					С	HICAG				OFFICE	:				
ADDRESS								TY/TOW				STATE		ZIP CC	DE
500 W MADISON S	T STE	2800						HICAG				IL		6066	
SECTION C - HI			RS OR	FSTAR	HI ISHN	MENT-I				FION (it	f annlica			0000	
HQ/ESTABLISHMENT-LEVEL UNIT ID	Z.IDQU	111112	us ore			UARTE						<i>1010</i> )			
EB31400							E	rie PA							
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
901 West 12th Stre	eet, Ste	206						ERIE				PA		1650	)1
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA' 557	TION N	UMBE	R (EIN	)					
						FILING									
X YES (Employer Is Eligible											NGER I	IN BUS	INESS		
SEC	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  shment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
VEC (Cincle Establishm	ment Employer is Federal Contractor)														
	nent Employer is Federal Contractor) <b>TYES</b> (Multi-Establishment Employer is Federal Contractor)														
☐ YES (F	hment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  G (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
									ments i	s Federa	l Contra	actor)			
	4231	140 - M	otor V	ehicle P	arts (U	INFOR	erchant	Whole	salers						
	SE	CTION	N H – V	VORKF	ORCE	DEMO									1
	Ulon	ania					Race/E	-		atin a					
	Hisp or La				М	ale	NOt	Hispan	IC OF L	atino	Fen	nale			
	0. 20										1 01	luic			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2023 EMPLOYER IN	FORM	AHO	NKEI	OKI (	EEO-	I COM	PONE	N1 1)					ation Dat		
						E OF RI LEVEL		T			,				
		SECT	ION B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	S1
SECTION C – H			DC OD	ECT A D	T TOTTA	AENTE I	_		-	TION (:	C 1!				•
HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKIL	KS UK	ESTAB	HEADO	HEN 1-L	RS OR ES	TARLIS	HMEN'	TTON (11 Γ-LEVEL	NAME	ibie)			
EV23727					TIE: ID	ZOTHTE	Medfor			LEVEE	T (I II III				
-												~~.~~	-	========	
HEADQUARTERS OR ESTABLISHM		EL ADL	DRESS					TY/TOW				STATE		ZIP CO	
163 Mystic A								EDFOF				MA		0215	5
				9	952920				`	)					
VES (Employer Is Eligible	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
	ment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
SE	Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establish)	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES (	ment Employer is Federal Contractor)														
	423					INFOR			salers						
						DEMO									
							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino.					
	or La	atino			M	lale					Fen	nale			
						_						_		l	
				_		Native Hawaiian or Other Pacific Islande	ō	Two or More Races		<u>_</u>		Native Hawaiian or Other Pacific Islander	p	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Зас		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Sac	Row
JOB CATEGORIES	o o	<u>e</u>	ஓ	ck or Afric American	Ľ	/aii	ndi lat	ē	ē	Black or an Amer	ב	/aii	ndi Iat	ē	Total
	Male	Female	White	or / eri	Asian	<u>§</u> §	la P	₫	White	Ar	Asian	ĕij	ın l	ē	
	_	Fe	>	쑱	⋖	P H	ica	_	>	Bla	¥	Pac H	ica Isk	_	
				lac		er F	Ala	Ö		fric		er F	ner Ala	0	
				ш		P S	An	≥		Ā		B 폭	An	. ≥	
						"									
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	1	0	0	0	0	0	3
Professionals Tachnicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	1	0	4	0	0	0	0	0	0	0	0	0	0	0	5
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	1	0	2	0	0	0	0	1	0	0	0	0	0	0	4
Laborers and Helpers Service Workers	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	3	0	9	0	0	0	0	1	1	0	0	0	0	0	14
PRIOR 2022 REPORTING YEAR TOTAL	2	0	8	1	0	0	0	1	1	0	0	0	0	0	13

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 2011 201211	Expiration Date: 11/30/ SECTION A – TYPE OF REPORT													2026	
				TION A - BLISHN				Т			•				
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	20112					OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON								HICAG				IL		6066	81
SECTION C – H HO/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if Γ-LEVEL	applica	able)			
QP17203					пеарс		outh Sar				NAME				
HEADQUARTERS OR ESTABLISHM	IENT-I EV	/FL ADD	RESS					TY/TOW				STATE		ZIP CO	DF
6 S Linder		LLTIDL	TLIBB			SC	OUTH S			СО		CA		9408	
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	)					
	,	SECTIO	ON E -	· EMPL	952920 OYER		ELIGI	BILITY	Y						
X YES (Employer Is Eligib											IGER I	IN BUS	INESS		
SI	· ·														
☐ YES (Single-Establish	ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment 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)														
		S	ECTIO	ON G – N	NAICS	INFOR	MATIO	N				,			
				ehicle P VORKF											
	51	CHO	111 - 1	VOKKI	ORCE		Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino		1 1	M	ale					Fen	nale			
						or der	ō	S		ے		or der	J.	S	
JOB CATEGORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	<u> </u>	ale	ite	ck or Afric American	an	waii ic Is	Indi Nat	Je F	ite	Black or	a	waii ic Is	nerican Indian Alaska Native	Je F	Total
	Male	Female	White	ner	Asian	Hay	san	₹	White	lacl n A	Asian	Hay	san ska	Š	
				ack	-	i ve	eric	ō		B	,	ř. P. Še	eric	ō	
				≅		Nat	Am A	Ĭ		Ą		Native Hawaiian Other Pacific Islan	Am	Ě	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	0	1	0	0	0	0	0	0	0	0	0	0	0	4
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 2023 REPORTING YEAR TOTAL	_ 3	0	2	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

			·								
		YPE OF REPORT NT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425											
ADDRES	ADDRESS CITY/TOWN										
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
EB31914		Albany NY									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
70 Karn	er Road	ALBANY	NY	12205							

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

### 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)

<u>Unique Entity ID (UEI)</u>: Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	( n – v	VUKKI	OKCE	DEMO	GKAPI	HC DA	1A						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
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	6	3	0	0	0	1	0	0	0	0	0	0	10
Laborers and Helpers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	15	3	0	0	0	1	0	0	0	0	0	0	19
PRIOR 2022 REPORTING YEAR TOTAL	0	0	16	5	0	0	0	0	0	0	0	0	0	0	21

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

## SECTION A – TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

 EB31501
 Omaha NE

 HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
 CITY/TOWN
 STATE
 ZIP CODE

 8206 J Street
 OMAHA
 NE
 68127

 ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$ 

95292055

#### 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): Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	51	01101	111 /	ORILI	ORCL	DEMO		thnicity							
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
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	2	0	18	0	0	0	0	1	2	0	0	0	1	0	24
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	3	0	0	0	0	0	0	0	0	0	0	0	4
Laborers and Helpers	1	0	6	1	0	0	0	0	0	0	0	0	0	0	8
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	4	1	31	1	0	0	0	1	3	0	0	0	1	0	42
PRIOR 2022 REPORTING YEAR TOTAL	3	1	32	1	0	0	0	1	2	0	0	0	1	0	41

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMPLOYER IN	FORM	AHO	NKEI	OKI (	EEO-	COM	PONE	N1 1)					ation Dat		
			-	TON A				:T			<b>.</b>				
		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	D.T.			COTE A TENE		ZID CC	DE
ADDRESS												STATE		ZIP CC	
500 W MADISON S	ISIE	2800					C	HICAG	O			IL		6066	51
SECTION C - HI	EADQU	ARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME				
GA29980							Victo	orville (	CA						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
17229 Gaslir								TORVI				CA		9239	
		ON D -	EMPI	LOYER	IDENT	ΓΙFICA'				)					
				g	953072	886			,						
	SECTION E – EMPLOYER FILING ELIGIBILITY  ble to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
X YES (Employer Is Eligible	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): Not Applicable														
SEC	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  shment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm															
	Unique Entity ID (UEI): Not Applicable shment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (F	hment Employer is Federal Contractor)														
	hment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
	400	S	ECTIC	)N G - 1	NAICS	INFOR	MATIO	N							
	423°	CTION	VH – V	ehicle P VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
							Race/E	thnicit	У						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
				_		능	'n	S		_		ج <u>ج</u>	ъ	S	
				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	Row
JOB CATEGORIES		o o		fric	_	isis Isis	nerican Indian Alaska Native	æ		or eri	_	is is	nerican Indian Alaska Native	až	Total
	Male	Female	White	ck or Afric American	Asian	ij 🦹	ΞŽ	ore	White	Black or an Amer	Asian	ائز 🐒	Ξž	ore	Total
	ž	e.	₹	ne c	As	R Ha	san	Š	⋛	lac n A	As	R H	san	Š	
				act		δď	eric	ō		Bica		δď	eric	ō	
				ä		ati	ğΨ	8		Afr		ati	Ě	8	
						<b>~</b> 5	4	-				2 g	4	-	
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	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	4	0	1	0	0	0	0	0	0	0	0	0	0	0	5
Administrative Support Workers Craft Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2 1
Operatives	5	1	1	0	0	0	0	1	0	0	0	0	0	0	8
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 2023 REPORTING YEAR TOTAL	11	3	2	0	0	0	0	1	0	0	0	0	0	0	17
PRIOR 2022 REPORTING YEAR TOTAL	4	2	0	0	0	0	0	1	0	0	0	0	0	0	7

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMPLOYER IN	FURM	AHO	N KEI	OKI (	EEO-	COM	PONE	N I I)					ation Dat		
			-	TION A BLISHN				RT.			,				
		SECT	TON E	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S	T OTE	2000						HICAG				IL		6066	
							_							0000	)
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	<u> 1ENT-L</u>	EVEL	IDENT	IFICA'	TION (ii	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
EK02965							Dallas T	X - Gre	enleaf						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOV	VN			STATE		ZIP CC	DDE
5311 Botham J	ean Blv	d						DALLAS	S			TX		752	15
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)					
		SECTIO	ON F -	EMPL			FLICI	RII IT	v						
X VES (Employer Is Fligible										NO LON	IGER I	N RUSI	INESS		
											, OLK	11 1000	LILEDO		
SE	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): Not Applicable  chment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  S. (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
□ x700 (0' 1 ₽ . 11'1	. 15		_	-				. 1 11 1	. 15	, .					
YES (Single-Establishm	ient Emp	noyer is	Federa	I Contrac	ctor)	YES (F	viuiti-Es	tabiisnn	ient Em	pioyer is	Federa	Contra	ctor)		
YES (I	hment Employer is Federal Contractor)														
	nment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
	4231			ehicle P					salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	.atino					
	or La	atino			M	ale					Fen	nale			
				_		Native Hawaiian or Other Pacific Islander	or	ses		<u> </u>		Native Hawaiian or Other Pacific Islander	or	Two or More Races	
JOB CATEGORIES				icaا		an	ian ive	Зас		ica		an	ian ive	Зас	Row
JOB CATEGORIES	o o	<u>e</u>	ē	Black or African American	<u>u</u>	Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Two or More Races	ā	Black or African American	<u>u</u>	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	ē	Total
	Male	Female	White	or / ieri	Asian	ļia	an I	Noı	White	ack	Asian	lija Silija	an I	₫	
	_	ığ.	>	Sk (	▼	e F Pac	rica	or I	>	Bla	⋖	Pac	rica	<u>_</u>	
				3lao		er	ner Ala	0 0/		fric		ativ er	ner Ala	é	
				ш		울	Ā			⋖		울	Ā	₽	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	0	1	0	0	0	0	0	0	0	0	0	0	3
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	3	0	0	1	0	0	0	0	0	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	6	0	4	2	0	0	0	0	0	0	0	0	0	0	12

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

#### 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME JT56852 Sacramento CA HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 3520 Carlin Dr, Suite 110 **WEST SACRAMENTO** CA 95691 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or -emale More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 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 Sales Workers 1 1 0 0 0 0 0 0 0 0 0 5 Administrative Support Workers 0 0 0 0 0 0 0 0 6 Craft Workers 0 0 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0 0 0 0 0 6 Operatives 2 0

SECTION I - WORKFORCE SNAPSHOT PERIOD

0

0

0

2

0

10

0

4

0

6

12/10/2023 - 12/23/20

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

n

0

13

0

31

17

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

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

U.S. EQUAL EMPLO 2023 EMPLOYER IN												OMB Co	Revised ontrol Nu		46-0049				
			ESTA	BLISHN	/ENT-l	E <b>OF RI</b> LEVEL	REPOF	RT			·								
070 001 701 111		SECT	TION B	– EMP	LOYE	R IDEN													
OFS COMPANY ID					_			OYER N		055105									
AC16425					C	HICAG	O IL - C	URPU	RATE	OFFICE									
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DE				
500 W MADISON	ST STE	2800					C	HICAG	0			IL		6066	61				
SECTION C - H	EADQU	JARTE	RS OR	ESTAB	LISHN	IENT-I	LEVEL	IDENT	IFICA'	TION (if	applica	able)							
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME								
PA92672						Bal	timore	MD - A	PO No	rth									
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADI	DRESS				C	ITY/TOV	VN			STATE ZIP CODE MD 21213							
2901 E Bid	dle St						BA	LTIMO	RE			MD		212	13				
	SECTI	ON D -	- EMPL		IDENT 052920		TION N	NUMBE	R (EIN	)	•		•						
		SECTION	ON E –	EMPL	OYER	FILING	ELIG	IBILIT	Y										
X YES (Employer Is Eligibl	e to File)	□ NO	(Emplo	yer Is N	lot Elig	ible to F	ïle) 🔲	EMPL	OYER	NO LON	IGER I	IN BUSI	NESS						
SE	CTION								if applic	able)									
		<u>Un</u>	ique Ent	tity ID (	UEI):	Not App	olicable												
☐ YES (Single-Establishment)	nent Emp	oloyer is	Federal	Contra	ctor)	YES (I	Multi-Es	stablishn	nent Em	ployer is	Federal	l Contra	ctor)						
YES (	Headqua	rters is	Federal	Contrac	tor)	YES (N	Von-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)						
		□ Y	ES (On	e or Mo	ore Non	-Headqı	arters I	Establish	ments i	s Federa	l Contra	actor)							
			ECTIO																
			lotor Ve																
	SE	ECTION	N H – W	ORKE	ORCE			HIC DA							1				
	Llien	anic	1					Hispan		otin o									
		atino			М	ale	NOL	пізраі	IIC OI L	auno	Fen	nale							
				⊑		or	p Q	ses		an		or	Indian or Native	ses					
JOB CATEGORIES				rica II		iian slaı	dian	Ra		r		iian slaı	dian tive	Ra	Row				
	Nale	male	/hite	or African erican	sian	lawaiian or :ific Islander	in Indian or a Native	Aore Races	/hite	tck or American	sian	lawaiian or :ific Islander	in Inc a Na	Aore Races	Total				

							Race/E	thnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	0	2	0	0	0	0	1	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	1	0	0	0	0	0	0	1	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

# SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** 

	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME	•	
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HO/ESTABLISHMENT-LEVEL UNIT ID	HE	ADOUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	

EK02507 Lake City FL - Greenleaf

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 4686 E Us Hwy 90 LAKE CITY 32055 FL

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

1	DI.	C1101	111 /	VOKKI	ORCE			thnicity							
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	4	0	0	0	0	0	0	0	0	0	0	0	5
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	1	0	3	0	0	0	0	0	0	0	0	0	0	0	4
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	0	0	14	2	0	0	0	1	3	0	0	0	0	0	20
Laborers and Helpers	1	0	2	2	0	0	0	0	0	0	0	0	0	0	5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	3	0	28	4	0	0	0	1	4	0	0	0	0	0	40
PRIOR 2022 REPORTING YEAR TOTAL	2	0	25	5	0	0	1	1	3	0	0	0	0	0	37
FRIOR 2022 REPORTING TEAR TOTAL		J	20	J	J	J			J	U	<u> </u>	J	J	- 0	31

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`								Expir	ation Dat	e: 11/30/	2026
OFC COMPANY ID		SECT	TON E	<u> – EMP</u>	LOYE	R IDEN			AME						
OFS COMPANY ID					C	шслс				OFFICE					
AC16425					C	HICAGO				OFFICE					
ADDRESS	SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B – EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  SS CITY/TOWN STATE ZIP COD ON ST STE 2800 LIL 60661  — HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Greer SC - A&R Auto Parts  SHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP COD B Hampton Blvd. GREER SC 29651  SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  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): Not Applicable ishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  ES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino or Latino Male Female														DDE
500 W MADISON	SECTION B - EMPLOYER IDENTIFICATION   EMPLOYER NAME   CHICAGO   L - CORPORATE OFFICE													61	
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
FM66618						Gre	er SC -	A&R A	uto Pa	rts					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
13054 E. Wade H	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E – EMPLOYER FILING ELIGIBILITY ble to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														51
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E – 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): Not Applicable														
	;	SECTIO	ON E -				ELIGI	BILIT	Y						
				-							NGER I	N BUS	INESS		
SE	CTION							TION (i	if applic	able)					
☐ <b>YES</b> (Single-Establish	nent Emp	oloyer is	Federa	l Contrac	ctor) 🗌	YES (N	Multi-Es	tablishn	ent Em	ployer is	Federa	l Contra	ctor)		
T YES	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lauarter	s Establ	ishment	is Feder	al Contr	actor)		
	1				- —	,		•					,		
									ments i	s redera	i Conu	ictor)			
	423	.s 140 - M	otor V	ehicle P	arts (U	INFOR	erchant	Whole	salers						
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino		, ,	M	ale					Fen	nale			
						_						_			
				_		o ge	ō	ses		<u>_</u>		o ge	ō	es	
JOB CATEGORIES				ical (		an	ian ive	Зас		<u>:</u>		an	ian ive	Зас	Row
JOB CATEGORIES	o o	<u>e</u>	ம்	∆fri	⊑	/aii	ndi Iat	ē	ம்	or	⊆	/aii	ndj Iat	ē	Total
	Jaj	Ĕ	/hij	or / eri	Sia	<u>ĕ</u> ĕ	ın l a M	Q.	j.	A A	Sia	ĕij	ın I	₽	
	_	Fe	>	훘	⋖	Pac H	ica Isk	r.	>	Bla	⋖	Pac H	ica Isk	_	
				lac		er F	ner Ala	0 0		ric		ti er F	ner Ala	0	
				ш		N E	An	≱		₹		N E	An	≥	
Executive/Senior Level Officials and Managers		0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers							_		1						3
Professionals  Techniques						_				_					0
Technicians Sales Workers							_		_						5
Administrative Support Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	0	4	2	0	0	0	0	1	0	0	0	0	0	10
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 2023 REPORTING YEAR TOTAL	. 6	0	8	2	0	0	0	1	3	0	0	0	0	0	20
DRIOR 2022 REPORTING VEAR TOTAL	3	0	0	1	0	0	0	0	2	0	0	0	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2023 EMPLOYER IN	FORM	AHO	N KEI	OKI (	EEO-	COM	PONE	N1 1)					ation Dat		
				TION A -				Т			<b>.</b>				
		SECT	TON F	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	10111		2012			OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON S	ST STE	2800						HICAG				IL		6066	
			DC OD	ECT A D	T TOTTA	AENT I				FION (:4	C 1:				
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKILI	KS UK							T-LEVEL		ibie)			
QP16895					Ì			leville l							
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
4001 N Belt								LLEVIL				IL		6222	
	SECTI	ON D -	EMPI	LOYER	IDEN 1		TION N	UMBE	R (EIN	)					
	;	SECTIO	ON E -	EMPLO	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligibl	e to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPLO	OYER I	NO LON	NGER I	IN BUS	INESS		
SE	CTION							ΓΙΟΝ (i	f applic	able)					
VEC (Cin-1- Established	E		_	tity ID (				- 1.1: -1	E	1	F- 11	1 C	-4)		
YES (Single-Establishm	_	-								-					
YES (	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)		
		☐ Y	ES (O	ne or Mo	re Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
	400	S	ECTIO	)N G – N	NAICS	INFOR	MATIO	N							
	423 SE	CCTION	V H – V	ehicle P VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
							Race/E	thnicity	/						
		anic					Not	Hispan	ic or L	atino					
	or La	atino		1	M	ale					Fen	nale	1		
						_ 5		"				_ 5		"	
				an		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	D
JOB CATEGORIES		ø		Black or African American	_	ajja Isla	nerican Indian Alaska Native	8	•	or eric	_	aiia Isla	nerican Indian Alaska Native	8	Row Total
	Male	Female	White	ck or Afric American	Asian	aw fic	Ξ×	ore	White	Black or an Amer	Asian	lic a	ΞŽ	ore	I Otal
	Σ	Fer	⋝	me ko	As	aci E	car	Σ	⋝	Slac an /	As	끯	car	Σ	
		_		acl		ë ë	eri Na:	ō		E 15		i e	eri Na:	ō	
				<b>⊞</b>		Nat	Am ,	Š		Ą		Nat	Am /	Š	
						- 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals Tachnicians	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
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 2023 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII EOTEK II	II OKW	AHO	N KEI	OKI (	EEO-1	COM	TONE	111)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHM				:T			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81
	IEADQU	ARTE	RS OR									able)	,		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•					NAME				
PA92690					-	IV							1		
HEADQUARTERS OR ESTABLISHM		EL ADE	RESS												
41698 East	ST STE 2800 CHICAGO IL 60661  IEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Murrieta CA - Seawide  IENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE														52
				9	52920	557				)					
<u>_</u>		-													
X YES (Employer Is Eligib	le to File)	□ NO	(Empl	oyer Is N	ot Eligi	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER I	IN BUSI	NESS		
SI	CTION							TION (	if applic	able)					
_			-												
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contrac	tor) 🔲	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (	Headqua	rters is I	Federal	Contract	or)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	re Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
	SE	CHON	N H – V	VORKF	ORCE		GRAPE Race/E								
	Uien	anic	ı						ic or L	atino					
		atino			М	ale	NOL	пізраі	OI L	auno	Fen	nale			
	<u> </u>														
				<u>_</u>		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		ue u		Native Hawaiian or Other Pacific Islander	o	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Ra	Row
002 07.11 200.11.20	<u>o</u>	Female	White	ck or Afric American	Asian	wai ic l	Ind Na	<u>e</u>	White	Black or an Amer	Asian	wai ic l	Ind Na	<u>e</u>	Total
	Male	em	Ν	or ner	Asi	Ha	an ƙa	Š	Ϋ́	lacl n A	۸si	Ha	an Ka	Š	
		Ľ.		A G	•	_ a &	as	ō	_	B E	1	_ a_ e_	as as	ō	
				Bla		ati her	me Al	Ş		Λfri		atiy	a P	Ş	
						ᅩᇴ	⋖	F		_ `		ᅩᇴ	⋖	F	
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	1	1	0	0	0	0	0	1	0	0	0	0	0	3
Professionals	1	1	1	0	0	0	0	0	2	0	0	0	0	0	5
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL		4	2	0	0	0	0	0	3	0	0	0	0	0	10
DRIOD 2022 DEDODTING VEAD TOTAL	0	2	1	0	0	0	0	0	1	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZIP CODE

29301

STATE

## SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425

CHICAGO IL - CORPORATE OFFICE

ADDRESS

CITY/TOWN
STATE
ZIP CODE

500 W MADISON ST STE 2800

CHICAGO
IL
60661

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

HQ/ESTABLISHMENT-LEVEL UNIT ID
HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

FM66553 Spartanburg SC - Knopf

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN

133 Clinton Street SPARTANBURG SC

## SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

SECTION E - EMPLOYER FILING ELIGIBILITY

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

### ${\bf SECTION}\ {\bf F-FEDERAL}\ {\bf CONTRACTOR}\ {\bf DESIGNATION}\ ({\bf if\ applicable})$

Unique Entity ID (UEI): Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	~	C1101				DEMO	Race/E								
	Hien	anic	1						ic or L	atino					
		atino			М	ale	1101	Поран	IC OI L	шино	Fon	nale			
	O1 L	11110			141	aic					1 611	laic			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
PRIOR 2022 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	INFORMATION REPORT (EF	EO-1 COMPONENT 1)		ion Date: 11/30/2026								
		TYPE OF REPORT NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION		_								
OFS COMPANY ID	BECTTON'S EMILE	EMPLOYER NAME										
AC16425		CHICAGO IL - CORPORATE OFFICE										
ADDRESS CITY/TOWN STATE ZIP CODE  500 W MADISON ST STE 2800 CHICAGO II 60661												
500 W MADISON ST STE 2800 CHICAGO IL 60661												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE									
EB31591		Waco TX										
HEADQUARTERS OR ESTABLISH	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
307 Dep	ot Drive	WACO	TX	76712								
		ENTIFICATION NUMBER (EIN) 2920557										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	sible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSIN	ESS								
	SECTION F – FEDERAL CONTRA	ACTOR 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHO	111 - V	VUKKI	OKCE	DEMO									
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		•			Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	1	0	0	0	0	0	1	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	5	0	6	0	0	0	0	0	0	0	0	0	0	0	11
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	1	1	2	0	0	0	0	0	0	0	0	0	0	0	4
Laborers and Helpers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	7	1	11	0	0	0	0	0	1	0	0	0	0	0	20
PRIOR 2022 REPORTING YEAR TOTAL	5	0	10	1	0	0	0	0	2	0	0	0	0	0	18

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLO 2023 EMPLOYER IN			N REF	ORT (	EEO-1	COM	PONE						Revised ontrol Nu ation Dat	mber: 304	
						E OF RI LEVEL I		эт							
		OT OT													
OFS COMPANY ID		SECT	TON B	- EMP	LOYE	R IDEN		OYER N	ΔME						
AC16425					C	HICAGO				OFFICE	=				
						ПСАО				OI I ICL	-				
ADDRESS								TY/TOW				STATE		ZIP CO	DDE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
QP16721							Pompa	no Bea	ch FL						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
427 N Dixie	Hwy						POMP	ANO B	EACH			FL		3306	60
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA'	TION N	UMBE	R (EIN	)	I		l		
		SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emple	over Is N	lot Eligi	ible to F	ile)	EMPL	OYER I	NO LOI	NGER I	IN BUSI	NESS		
				•		OR DE									
52.	011011					Not App		22011(	тиррие	4010)					
☐ YES (Single-Establishm	ent Emp	lover is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	plover is	Federa	1 Contra	ctor)		
YES (F															
L YES (F	1eadqua												actor)		
									ments i	s Federa	ıl Contra	actor)			
	400					INFOR			aalara						
						sed) Mo									
	, JE	CHO	( 11 — Y	OKK	ORCE		Race/E								
	Hisn	anic						Hispan	•	atino					
		atino			М	ale		Пори		<u> </u>	Fer	nale			
						_						_			
				_		o der	ō	es		_		o de	ō	es	
100 0475000150				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	Row
JOB CATEGORIES	o o	<u>e</u>	Ð	ck or Afric American	L	aii	nerican Indian Alaska Native	ė.	ø.	Black or an Amer	_	aii	nerican Indian Alaska Native	e E	Total
	Male	Female	White	or / eri	Asian	a ific	n l	lo.	White	A	Asian	a≱	n la	ē	
	_	Fe	>	ke Am	⋖	Рас	ica	7	<b>S</b>	Bla	<	e F	ica		
				ilac ,		er l	ner Ala	Õ		Ę		er E	Per Als	Į	
				Ш		윤동	An	≥		A		물	A	ı≥	
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	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

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Craft Workers

Service Workers

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Operatives

U.S. EQUAL EMPLOY 2023 EMPLOYER INI												OMB C	ontrol Nu	08/2023 mber: 304	16-0049					
						E OF RI					1									
						_EVEL I														
OFG COMPANY P		SECT	TON B	– EMP	LOYE	R IDEN														
OFS COMPANY ID					0			OYER N		OFFICE	•									
AC16425					C	HICAG				OFFICE										
ADDRESS								TY/TOW				STATE								
500 W MADISON S	T STE	2800					С	HICAG	Ю			IL		6066	§1					
SECTION C – HE	CADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)								
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME									
QP16697								Beach												
HEADQUARTERS OR ESTABLISHME		EL ADE	DRESS					TY/TOW												
1793 Old Dixi								RO BEA				FL		3296	50					
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA' 557	TION N	UMBE	CR (EIN	)										
<u></u>		-			-	FILING														
X YES (Employer Is Eligible											NGER I	IN BUS	INESS							
SEC	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable																			
_			_																	
☐ YES (Single-Establishme	ent Emp	oloyer is	Federa	l Contra	ctor) 🔲	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)							
☐ YES (H	leadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)							
									ments i	s Federa	l Contra	actor)								
		140 - M	otor V	ehicle P	arts (U	INFOR	erchant	Whole												
	SE	CTION	N H – V	VORKF	ORCE	DEMO									1					
	Hion	!-	1				Race/E			-4!										
		anic atino			М	ale	NOt	Hispan	IIC OF L	atino	Fer	nale								
	J																			
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	STATE ZIP CODE FL 32960  IN BUSINESS  I Contractor) ral Contractor)								
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	IL 60661 ble)  STATE ZIP CODE FL 32960  N BUSINESS  Contractor) al Contractor) actor)								
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					

SECTION I - WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REF	PORT (	EEO-1	1 COM	PONE	NT 1)								
											I					
		CECT														
OFS COMPANY ID		SECI	ION B	- ENIP	LUIE	K IDEN			AME							
AC16425					С	HICAGO				OFFICE						
			Expiration Date: 11/30/2026  SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE  CHICAGO IL 60661  RTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bellingham WA  LADDRESS CITY/TOWN STATE ZIP CODE BELLINGHAM WA 98226  N.D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  CITION E - EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable yer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  TYES (One or More Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G - NAICS INFORMATION 0 - Motor Vehicle Parts (Used) Merchant Wholesalers TION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity nic Not Hispanic or Latino													
ADDRESS			SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE CHICAGO IL 60661  RTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bellingham WA  ADDRESS CITY/TOWN STATE ZIP CODE WA 98226  ND - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  CITION E - EMPLOYER FILING ELIGIBILITY NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS -FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable yer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) Tr is Federal Contractor YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 0 - Motor Vehicle Parts (Used) Merchant Wholesalers  TION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Not Hispanic or Latino  Not Hispanic or Latino  Male  Female													
500 W MADISON S			SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN CHICAGO IL GOGGE  RTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bellingham WA  L ADDRESS CITY/TOWN STATE BELLINGHAM STATE SIP CODE BELLINGHAM WA 98226  N D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  CITION E - EMPLOYER FILING ELIGIBILITY NO (Employer Is Not Eligible to File)  INO (Employer Is Not Eligible to File)  Were is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  TYES (One or More Non-Headquarters Establishments is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G - NAICS INFORMATION O Motor Vehicle Parts (Used) Merchant Wholesalers TION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity Not Hispanic or Latino  Male  Female  ROTHERS (Description Date: 11/30/2026  REPLOYER NAME  CITY/TOWN STATE ROTHERS (Description Date: 11/30/2026  SECTION G - NAICS INFORMATION O Motor Vehicle Parts (Used) Merchant Wholesalers TION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity Not Hispanic or Latino  Male  ROTHERS (Description Date: 11/30/2026  ROTHERS (Description Date: 11/30/2026  ROTHERS (Description Date: 11/30/2026  SECTION G - NAICS INFORMATION On - Motor Vehicle Parts (Used) Merchant Wholesalers TION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity Not Hispanic or Latino  Male  ROTHERS (Description Date: 11/30/2026  ROTHERS (Description Date: 11/30/2026  ROTHERS (Description Date: 11/30/2026  ROTHERS (Description Date: 11/30/2026  ROTHERS (Description Date: 11/30/2026  ROTHERS (Description Date: 11/30/2026  ROTHERS (Description Date: 11/30/2026  ROTHERS (Description Date: 11/30/2026  ROTHERS (Description Date: 11/30/2026  ROTHERS (Description Date: 11/30/2026  ROTHERS (Description Date: 11/30/2026  ROTHERS (Description Date: 11/30/2026  ROTHERS (Description Date: 11/30/2026  ROTHERS (Description Date: 11/30/2026  ROTHERS (Des													
	EADQU	ARTE	SECTION A - TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  ECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  CITY/TOWN  CHICAGO IL 60661  RTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Bellingham WA  ADDRESS  CITY/TOWN  STATE  BELLINGHAM  ADDRESS  CITY/TOWN  BELLINGHAM  ADDRESS  CITY/TOWN  BELLINGHAM  STATE  ZIP CODE  BELLINGHAM  WA  98226  RTO - EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  CTION E - EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File)  Unique Entity ID (UEI): Not Applicable  Per is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  SECTION G - NAICS INFORMATION  1- Motor Vehicle Parts (Used) Merchant Wholesalers  TION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Not Hispanic or Latino  Male  ROW  ROW  ROW  ROW  ROW  ROW  ROW  RO													
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				I-LEVEL	NAME					
JT56807																
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	DRESS				CI	TY/TOW	VN			STATE		ZIP CO	DE	
2020 E Bakervie	ew Roa	d					BEL	LINGH	IAM			WA		9822	26	
	SECTI	ON D -	- EMPI				TION N	UMBE	R (EIN	)	•		•			
		SECTIO	952920557  ECTION E – EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS  F-FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable oyer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)													
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS			
SEC	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA	ΓΙΟΝ (i	if applic	able)						
	Unique Entity ID (UEI): Not Applicable  nment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
☐ YES (Single-Establishm	ent Emp	nployer is Federal Contractor)														
☐ <b>1E</b> 5 (F	ieadqua												ractor)			
		rters is Federal Contractor)														
	400															
	J.L	7C 1101	111 /	OKK	ORCL											
	Hisp	anic							<u>,                                      </u>	atino						
	or La				М	ale					Fer	nale				
				_		or	ō	es		_		o der	ō	es		
JOB CATEGORIES				car		an	an ive	Зас		ica		an	an ive	Зас	Row	
JOB CATEGORIES	ø	<u>e</u>	ஓ	∆fri car	<u>u</u>	vaii c Is	ndi Iat	ē	ம்	or	⊆	/aii	ndi	e.	Total	
	Male	Ĕ	Į.	or / ieri	sis	ļia	an I	ē	Į.	ack	Sia	ļia	E Z	Mol		
	_	R.	>	k A	⋖	e F	ica	_	>	Bla	⋖	e F	ica	ı		
				ilac		ti er l	Ala	ĕ		fric		er l	Ag Per	0,0		
				В.		P A	An	≥		¥		P A	A .	≥		
Executive/Senior Level Officials and Managers	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	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	1	0	3	0	0	0	0	1	0	0	0	0	0	0	5	
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTAL	1	0	3	0	0	0	0	1	0	0	0	0	0	0	5	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`				,				Expir	ration Dat	e: 11/30/	2026
				TION A				_							
				BLISHN											
OFS COMPANY ID		SECT	TON B	8 – EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					C	HICAG				OFFICE	•				
						1110/10				011101		GEL A EEE	1	77D CC	
ADDRESS								TY/TOW				STATE		ZIP CC	
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	51
SECTION C - H	IEADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					I-LEVEL	NAME				
EB31317						\									
HEADQUARTERS OR ESTABLISHM		EL ADE	RESS												
5621 45Th	Street						WEST	PALM I	BEACH	1		FL		3340	)7
	SECTI	ON D -	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  West Palm Beach FL  ADDRESS  CITY/TOWN STATE 33407  D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  CTION E - EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable er is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) s is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G - NAICS INFORMATION - Motor Vehicle Parts (Used) Merchant Wholesalers  ION H - WORKFORCE DEMOGRAPHIC DATA												
_				EMPL	OYER	FILING									
											NGER I	IN BUS	INESS		
SI	CTION							ΓΙΟΝ (i	if applic	able)					
_															
☐ <b>YES</b> (Single-Establish	nent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	Headqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	ral Contr	ractor)		
_	•	Пν	FS (O	ne or Mo	ore Non	-Headar	arters F	ctablich	mente i	s Federa	1 Contr	actor)			
									ments i	s redera	i Collu	actor)			
	423	.s 140 - M	otor V	ehicle P	Parts (L	INFOR	erchant	Whole	salers						
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	.atino					
	or La	atino			M	ale	1			1	Fer	nale			
				⊆		o a	ō	ces		an		o e	p 0	ces	
JOB CATEGORIES				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 Islander	American Indian Alaska Native	Two or More Races	Row
002 0/1120011120	<u>a</u>	ale	ţe	Afr ica	an	vai ic Is	Ind	ē	ţe	k o	an	vai ic Is	P Pa	ē	Total
	Male	Female	White	ck or Afric American	Asian	Hay	an ka	Š	White	Black or an Amer	Asian	Hay	an Ka	Ø	
		ш	_	An		P &	eric las	ō		B	_	P e	aric las	ō	
				B		ati	A A	8		Afr		lati	¥ A	۸o	
						~ ō	1	-				2 g	1	-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	2	0	0	0	0	1	0	0	0	0	0	5
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4 0
CURRENT 2023 REPORTING YEAR TOTAL		0	6	4	0	0	0	0	2	0	0	0	0	0	13
CORNER 2025 REFORTING TEAR TOTAL	·	V	V		U	V	V			V	U	U	V	U	10
PRIOR 2022 REPORTING YEAR TOTAL	. 0	0	7	3	0	0	0	0	2	0	0	0	0	0	12

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENII EO I ENII	· · · · · · · · · · · · · · · · · · ·		, 1121	0111 (	LLO .	1 00111	1 0112	. (1 1)				Expir	ation Dat	e: 11/30/	2026
								:T			•				
		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425	SECTION A - TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  SINCE STATE STATE STATE STATE  NOT STEED SON STATE STATE STATE  CHICAGO IL GORDON STATE STATE STATE  CHICAGO IL GORDON STATE STATE  CHICAGO IL GORDON STATE STATE  CHICAGO IL GORDON STATE STATE  CHICAGO IL GORDON STATE STATE  CHICAGO IL GORDON STATE STATE  CHICAGO IL GORDON STATE STATE  CHICAGO IL GORDON STATE STATE  CHICAGO IL GORDON STATE STATE  CHICAGO IL GORDON STATE STATE  CHICAGO IL GORDON STATE STATE  CHICAGO IL GORDON STATE STATE  CHICAGO IL GORDON STATE STATE  CHICAGO IL GORDON STATE STATE  CHICAGO IL GORDON STATE STATE  CHICAGO IL GORDON STATE STATE  CHICAGO IL GORDON STATE STATE  CHICAGO IL GORDON STATE  CHICAGO IL														
ADDRESS	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYERNAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN CHICAGO IL - CORPORATE OFFICE  CITY/TOWN CHICAGO IL - CORPORATE OFFICE  CITY/TOWN CHICAGO IL - CORPORATE OFFICE  CITY/TOWN CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE   CIPCOR HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bethlehem PA  ENT-LEVEL ADDRESS CITY/TOWN STATE   ZIPCOR ENT-LEVEL ADDRESS CITY/TOWN   STATE   ZIPCOR ENT-LEVEL ADDRESS   CITY/TOWN   STATE   ST														DE
500 W MADISON	ST STE	SECTION A - TYPE OF REPORT   ESTABLISHMENT-LEVEL REPORT   SECTION B - EMPLOYER IDENTIFICATION   EMPLOYER NAME   CHICAGO   IL   60   CORPORATE OFFICE													81
	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CO A CHICAGO IL - CORPORATE OFFICE  ST STE 2800  CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CO A CHICAGO IL - CORPORATE OFFICE  ST STE 2800  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bethlehem PA  MENT-LEVEL ADDRESS  PO Box 3658  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER IEINING ELIGIBILITY Ole to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable  Unique Entity ID (UEI): Not Applicable  Ment Employer is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic  Or Latino  Male  Race/Ethnicity  Not Hispanic or Latino  Not Hispanic or Latino  Not Hispanic or Latino  Male  Race/Ethnicity  Not Hispanic or Latino  Not Hispanic or Latino  Or Latino  Male  Race/Ethnicity  Not Hispanic or Latino  Or Latino  Not Hispanic or Latino  Or Latino  Not Hispanic or Latino  Or Latino  OR DESIGNATION OR OR OR OR OR OR OR OR OR OR OR OR OR														
HQ/ESTABLISHMENT-LEVEL UNIT ID	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN ISTATE IL CIPCO IL 6066  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bethlehem PA  MENT-LEVEL ADDRESS CITY/TOWN STATE Bethlehem PA  MENT-LEVEL ADDRESS CITY/TOWN STATE BETHLEHEM PA  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY blue to File   NO (Employer Is Not Eligible to File   EMPLOYER NO LONGER IN BUSINESS  ECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable Unique Entity ID (UEI): Not Applicable Augusters is Federal Contractor)  YES (One or More Non-Headquarters Establishment Employer is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity Hispanic or Latino  Male  Female  Race/Ethnicity Hispanic or Latino  Or Latino  Male  Female  Race/Ethnicity Hispanic or Latino  Or Latino  Male  Female  Race/Ethnicity Hispanic or Latino  Or Latino  Male  Female  Race/Ethnicity Hispanic or Latino  Or Latino  Or Latino  OR  OR  OR  OR  OR  OR  OR  OR  OR  O														
A414580	ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE A ST STE 2800 LHCAGO IL 60661  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bethlehem PA  MENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE PO BOX 3658 BETHLEHEM PA 18015  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS ECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable Imment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  G'Headquarters is Federal Contractor) YES (Multi-Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino or Latino Male Female														DE
			KESS												
			EMPI	LOYER	IDENT	ΓIFICA'				)		17		100	15
		SECTIO	ON E -				ELIGI	BILITY	Y						
X YES (Employer Is Eligib										NO LON	NGER I	N BUS	INESS		
SI	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
<u>_</u>															
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contrac	ctor)	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federal	l Contra	ctor)		
☐ YES	Headqua	rters is I	Federal	Contract	tor)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)		
		$\square$ Y	ES (O	ne or Mo	re Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
		S	ECTIC	N G – N	NAICS	INFOR	MATIO	N							
	1														
							Not	Hispan	ic or L	atino					
	or La	CHICAGO  LUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Bethlehem PA  VEL ADDRESS  CITY/TOWN STATE ZIP CODE 3658  BETHLEHEM PA 18015  ION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  D NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  IF - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ployer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  arters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION SECTION G - NAICS INFORMATION MAIO - Motor Vehicle Parts (Used) Merchant Wholesalers  ECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  panic Not Hispanic or Latino .atino Male Female													
JOB CATEGORIES		a)	_	irican an		iiian or Islander	dian or ative	Races		or erican		iian or Islander	dian or ative	Races	Row Total
	lale	mal	/hite	or Af	sian	awa	n In a Na	Nore	/hite	ck o	sian	awa	n In a Na	Nore	Total
	2	Fe	>	ck c	Ř	Pac	rica ask	٥	>	Bla	Ã	e H Pac	rica ask	٥	
				Bla		Vativ	Ame	Š		Afri		Vativ	Ame	Š	
						- 0		•				- 0		•	
Executive/Senior Level Officials and Managers															0
First/Mid-Level Officials and Managers															4
Professionals Table in income															0
Technicians	_						_		_						0
Sales Workers Administrative Support Workers															3 1
Craft Workers						_			•						0
Operatives				_			_								19
Laborers and Helpers				_											8
Service Workers	0			0		0	0	0				0			0
CURRENT 2023 REPORTING YEAR TOTAL	SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  S CITY/TOWN CHICAGO IL 6066  N ST STE 2800 CHICAGO IL 6066  N ST STE 2800 IL 6066  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bethlehem PA  IMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP COI R, PO BOX 3658 BETHLEHEM PA 18018  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable Inhenent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  S (Headquarters is Federal Contractor) YES (Multi-Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Or Latino Male  Or Latino Male  Female  PA 18018  Race/Ethnicity  Not Hispanic or Latino  Male  Female  Female  Female  O D D D D D D D D D D D D D D D D D D														35
PRIOR 2022 REPORTING YEAR TOTAL	4	0	18	0	0	0	0	0	1	0	0	0	0	0	23

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100)

2023 EMPLOYER IN								,				OMB Co	ontrol Nu	mber: 304								
						E OF RI																
						EVEL																
		SECT	TON B	3 – EMP	LOYE	R IDEN																
OFS COMPANY ID					_																	
AC16425					C	HICAG	O IL - C	ORPO	RATE	OFFICE												
ADDRESS		DQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Madison WI  -LEVEL ADDRESS  CITY/TOWN STATE ZIP CODE  Suite B  DEFOREST WI 53532  CTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ON F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable													DE							
500 W MADISON S	ST STE	2800					С	HICAG	О			IL		6066	81							
	EADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-I	EVEL	IDENT	TFICA'	TION (i	f applica	able)	,									
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME											
EB31353							Ma	dison V	VI													
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				Cl	TY/TOW	VN			STATE		ZIP CO	DE							
5969 Haase Roa	ad, Suite	В					DE	FORE	ST			WI		5353	32							
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)												
	;	SECTION E – EMPLOYER FILING ELIGIBILITY  o File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS																				
X YES (Employer Is Eligibl	e to File)	□NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER	IN BUSI	NESS									
SE	CTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA'	TION (i	if applic	able)												
		Unique Entity ID (UEI): Not Applicable																				
YES (Single-Establishm	nent Emp	nt Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)																				
— UVES (	- Headana	rtere is I	Sederal	Contrac	tor)	VFC (N	on_Hea	danarter	e Fetabl	ichment	ic Feder	ral Contr	actor)									
LES (	reauqua							_					actor)									
						•			iments 1	s Federa	d Contra	actor)										
	423					INFOR			salers													
	SE	CTION	VH – V	VORKE	ORCE	DEMO	GRAPI	HIC DA	TA													
							Race/E															
	Hisp	anic						Hispan	•	atino												
	or L	atino			М	ale					Fer	nale										
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		ın or ander	ın or /e	aces	Pow							
JOB CATEGORIES		<u>e</u>	as a	Black or African American	_	aiia Isk	nerican Indian Alaska Native	e R	ω	or	_	aiia	ndia ati\	e R	Total							
	Male	Female	White	or A eric	Asian	a iii a	a r	Nor	White	Black or an Amer	Asian	a Eic a	n Ir a N	Jo.								
	_	Fe	>	Š ∯	<	Pac H	ica	r.	>	Bla	<	Pac H	ica	- -								
				3lac		er	Jer Ala	ő		fi.		e ţi	ner Ala	ě								
						꿀뒴	₹	_≥		⋖		꿀뒴	A	_ ≥								
														<u> </u>								
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	2	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	Native Hawaiian or Native Hawa									
Sales Workers	0	0	1	0	0	0	0	0	1	0	0		TATE VIP CODE WI 53532  N BUSINESS  Contractor) I Contractor) I Contractor) tor)  Roo o Wore Races O 0 0 0 0 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							

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Craft Workers

Service Workers

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Operatives

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INI	FORM	ATIO	N REF	ORT (	EEO-1	1 СОМ	PONE	NT 1)							
		SECTION A - TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE  STE 2800 CHICAGO IL 60661  ADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Worcester MA  TT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE													
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425		SECTION A - TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  STE 2800  CHICAGO IL 60661  ADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Worcester MA  T-LEVEL ADDRESS  CITY/TOWN STATE  WORCESTER  MA  O1609  ECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  OF FILE ON GEMPLOYER IDENTIFICATION (if applicable)  Unique Entity ID (UEI): Not Applicable  Int Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  adquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic  Not Hispanic or Latino													
ADDRESS		SECTION A - TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP COD  CHICAGO IL 60661  DUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Worcester MA  EVEL ADDRESS  CITY/TOWN STATE ZIP COD  WORCESTER MA 01609  FION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  e) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  NF - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  mployer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  arriers is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  3140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Not Hispanic or Latino  Latino Male Female													
500 W MADISON S	T STE	SECTION A – TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B – EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  2800 CHICAGO IL 60661  JARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  Worcester MA  VELADDRESS CITY/TOWN STATE ZIP CODE  WORCESTER MA 01609  ION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  O NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ployer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  "ITEMS is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  "ITEMS is Federal Contractor One Non-Headquarters Establishment is Federal Contractor)  "ITEMS is Federal Contractor One Non-Headquarters Establishment is Federal Contractor)  "ITEMS (SCIION G – NAICS INFORMATION)  140 - Motor Vehicle Parts (Used) Merchant Wholesalers  ECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Not Hispanic or Latino  Male Female													61
	EADQU	SECTION A - TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  2800 CHICAGO IL 60661  ARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Worcester MA  VEL ADDRESS CITY/TOWN STATE ZIP CODE  WORCESTER MA 01609  ON D - EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  F - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  oloyer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  THESE IS FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  oloyer is Federal Contractor) YES (Multi-Establishments is Federal Contractor)  THESE IS FEDERAL CONTRACTOR DESIGNATION  140 - Motor Vehicle Parts (Used) Merchant Wholesalers  ECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Not Hispanic or Latino  Male Female													
HQ/ESTABLISHMENT-LEVEL UNIT ID		SECTION A - TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  2800 CHICAGO IL 60661  JARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Worcester MA  VEL ADDRESS CITY/TOWN STATE ZIP CODE  WORCESTER MA 01609  ION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  D NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  F - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ployer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  "YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  140 - Motor Vehicle Parts (Used) Merchant Wholesalers  ECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Not Hispanic or Latino  Male Female													
QP16323		EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE TE 2800 CHICAGO IL 60661  QUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Worcester MA  LEVEL ADDRESS CITY/TOWN STATE ZIP CODE t WORCESTER MA 01609  CTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ON F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) quarters is Federal Contractor) YES (Multi-Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 1.23140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  lispanic Not Hispanic or Latino													
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE B00 CHICAGO IL 60661  RTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Worcester MA  LADDRESS CITY/TOWN STATE ZIP CODE WORCESTER MA 01609  N D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  ECTION E - EMPLOYER FILING ELIGIBILITY NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable oyer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  Sers is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 10 - Motor Vehicle Parts (Used) Merchant Wholesalers  TION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  nic Not Hispanic or Latino ino Male Female												
462 Pleasar	nt St		ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE  REPORT OF ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Worcester MA  LADDRESS CITY/TOWN STATE ZIP CODE  WORCESTER MA 01609  N.D EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  CITION E - EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  yer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  rs is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  0 - Motor Vehicle Parts (Used) Merchant Wholesalers  TION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  nic Not Hispanic or Latino  no Male Female												)9
	SECTI	CITY/TOWN STATE ZIP CODE CHICAGO IL 60661  ARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Worcester MA  EL ADDRESS CITY/TOWN STATE ZIP CODE WORCESTER MA 01609  ON D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  ECTION E - EMPLOYER FILING ELIGIBILITY NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable over is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) ters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 40 - Motor Vehicle Parts (Used) Merchant Wholesalers CTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  anic Not Hispanic or Latino tino Male Female													
		SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE GHCAGO IL 60661  QUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Worcester MA  EVEL ADDRESS  CITY/TOWN STATE ZIP CODE MA 01609  THON D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY file  NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  IN F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable Imployer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  QUARTERS OR ESTABLISHMENT-LEVEL NAME WORCESTER MA 01609  THON D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY file  NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  IN F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable imployer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  QUARTERS OR ESTABLISHMENT-LEVEL NAME WORCESTER MA 01609  THON D - EMPLOYER IDENTIFICATION (If applicable) Unique Entity ID (UEI): Not Applicable Imployer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  QUARTERS OR ESTABLISHMENT-LEVEL NAME WORCESTER MA 01609													
X YES (Employer Is Eligible										NO LOI	NGER I	IN BUSI	INESS		
				-											
	, 11011	Uni	ique En	tity ID (	UEI):	Not App	licable		т прртте	4010)					
YES (Single-Establishm	ent Emp							tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
<del>_</del>	•	•													
1E3 (1.	icauquai							_					actor)		
		SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E – EMPLOYER FILING ELIGIBILITY File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  HON F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) dquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino													
	4231	NF - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  unique Entity ID (UEI): Not Applicable  ployer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  unarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G - NAICS INFORMATION  3140 - Motor Vehicle Parts (Used) Merchant Wholesalers													
									•						
							Not	Hispan	ic or L	atino.					
	or La	atino			М	ale				1	Fer	nale			
JOB CATEGORIES	Male						·	-						_	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

0

0

12/10/2023 - 12/23/2023

0

0

0

0

0

0

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

## SECTION A – TYPE OF REPORT

	ESTABLISHME	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADOUARTERS OR ESTABLE	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (IT applicable)

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

GA50065 San Antonio TX - KAO Logistic

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN

STATE

ZIP CODE

4530 Tejasco

SAN ANTONIO

TX

78218

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- DI	201101	, ,,	VOKKI	ORCE		Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	8	0	0	2	0	0	0	1	0	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 2023 REPORTING YEAR TOTAL	10	0	0	2	0	0	0	1	0	0	0	0	0	0	13
PRIOR 2022 REPORTING YEAR TOTAL	9	0	0	2	0	0	0	1	0	0	0	0	0	0	12

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INI	FORM	ATIO	N REF	PORT (	EEO-1	COM	PONE	NT 1)								
			SECT	TON A	– TYPI	E OF RI	EPORT									
			ESTA	BLISHN	/IENT-L	EVEL I	REPOR	T.								
		SECT	TON B	-EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID		ARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Hialeah FL  EL ADDRESS  CITY/TOWN STATE ZIP CODE  HIALEAH FL 33010  ON D - EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  F - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  doyer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  reters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  TYES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G - NAICS INFORMATION  140 - Motor Vehicle Parts (Used) Merchant Wholesalers  CTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  anic Not Hispanic or Latino  atino Male Female														
AC16425			SECTION A - TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE  BROO CHICAGO IL GORENTE STA													
ADDRESS			SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE  REPORT BEAUTH SOR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Hialeah FL  ELADDRESS CITY/TOWN STATE ZIP CODE HIALEAH FL 33010  DN D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  ECTION E - EMPLOYER FILING ELIGIBILITY NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable over is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  ESCTION G - NAICS INFORMATION 40 - MOTO Vehicle Parts (Used) Merchant Wholesalers CTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Inic Not Hispanic or Latino Inic Male Female													
500 W MADISON S	T STE	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE CHICAGO IL 60661  ARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Hialeah FL  EL ADDRESS CITY/TOWN STATE ZIP CODE HIALEAH FL  EL ADDRESS CITY/TOWN STATE FL  SOUND - EMPLOYER IDENTIFICATION NUMBER (EIN) 95/2920557  SECTION E - EMPLOYER FILING ELIGIBILITY NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS F- FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable loyer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  Tetrs is Federal Contractor) YES (Multi-Establishments is Federal Contractor)  SECTION G - NAICS INFORMATION 40 - Motor Vehicle Parts (Used) Merchant Wholesalers CTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  And Male  Representation Date: 11/30/2026  SECTION B - EMPLOYER IDENTIFICATION  Representation Date: 11/30/2026  SECTION B - EMPLOYER IDENTIFICATION (if applicable) Unique Entity ID (UEI): Not Applicable Section G - NAICS INFORMATION 40 - Motor Vehicle Parts (Used) Merchant Wholesalers CTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  And Male  Representation Data  Represent													61	
SECTION C - HE	EADQU	ARTE	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE (CITY/TOWN STATE STATE) EMPLOYER STABLISHMENT-LEVEL DENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Hialeah FL CITY/TOWN STATE ZIP CODE HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME HIALEAH FL STATE SIP CODE HIALEAH FL STATE SIP CODE STATE SIP CODE TO STATE SIP CODE													
HQ/ESTABLISHMENT-LEVEL UNIT ID			SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  CITYTOWN STATE ZIP CODE  CHICAGO IL 60661  ARTERS 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  Hialeah FL  EL ADDRESS CITYTOWN STATE ZIP CODE  HIALEAH FL  STATE ZIP CODE  HIALEAH FL  STATE SIP CODE  HIALEAH													
QP16598			SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  2800 CHICAGO IL 60661  ARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Hialeah FL  EL ADDRESS CITY/TOWN STATE ZIP CODE HIALEAH FL 33010  DN D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  ECTION E - EMPLOYER ILING ELIGIBILITY NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable oyer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  ters is Federal Contractor) YES (Multi-Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 40 - Motor Vehicle Parts (Used) Merchant Wholesalers CTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity Anic Not Hispanic or Latino India Female													
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	SECTION A - TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE  RETERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Hialeah FL  ELADDRESS CITY/TOWN STATE ZIP CODE  HIALEAH FL 33010  ND - EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  ECTION E - EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  Oyer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  40 - Motor Vehicle Parts (Used) Merchant Wholesalers  CTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  inic Not Hispanic or Latino  inin Male  Female													
1090 East 14	Ith St		ECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE  OO CHICAGO IL 60661  RTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Hialeah FL  ADDRESS CITY/TOWN STATE ZIP CODE  HIALEAH FL 33010  RD - EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  CTION E - EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ver is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  SIS Federal Contractor SES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G - NAICS INFORMATION  O- Motor Vehicle Parts (Used) Merchant Wholesalers  FION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  ID Male  Female													
	SECTI	ON D -	HIALEAH  N D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  ECTION E - EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS  - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable eyer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  ers is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)													
		SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B – EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE IL 60661  ARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Hialeah FL  EL ADDRESS CITY/TOWN STATE ZIP CODE HIALEAH FL 33010  ON D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  ECTION E – EMPLOYER FILING ELIGIBILITY NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable loyer is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) ters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION 40 - Motor Vehicle Parts (Used) Merchant Wholesalers CTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity anic Not Hispanic or Latino tino Male Female														
X YES (Employer Is Eligible		SECTION A - TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  2800 CHICAGO IL - 60661  ARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Hialeah FL  ZEL ADDRESS CITY/TOWN STATE ZIP CODE  HALEAH FL  SECTION E - EMPLOYER IDENTIFICATION NUMBER (EIN)  95/2920557  SECTION E - EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  F - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  Poloyer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  Teres is Federal Contractor) YES (Multi-Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  HOOTO Vehicle Parts (Used) Merchant Wholesaiers  ECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Not Hispanic or Latino  Male  Row  Total														
				-												
SEC	, 11O1V	CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE CHICAGO IL 60661  UARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Hialeah FL  VEL ADDRESS  CITY/TOWN STATE ZIP CODE HIALEAH FL 33010  ION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY )														
VFS (Single-Establishm	ent Emn	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Hialeah FL  VEL ADDRESS  CITY/TOWN HIALEAH  FL  33010  ON D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  MO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable eloyer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  Inters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 140 - Motor Vehicle Parts (Used) Merchant Wholesalers ECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Danic  Not Hispanic or Latino														
<del>_</del>	-	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Hialeah FL  ZEL ADDRESS  CITY/TOWN STATE JEP CODE HIALEAH  FL  33010  ON D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable Soloyer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  Teters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G - NAICS INFORMATION 140 - Motor Vehicle Parts (Used) Merchant Wholesalers  CCTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Panic Not Hispanic or Latino Male Female														
☐ YES (H	leadqua	ARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Hialeah FL  EL ADDRESS  CITY/TOWN STATE														
		□ Y	952920557  ECTION E – EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS  F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable  oyer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  ters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION 40 - Motor Vehicle Parts (Used) Merchant Wholesalers  CTION H – WORKFORCE DEMOGRAPHIC DATA													
			NO (Employer Is Not Eligible to File)													
	4231	140 - M	952920557  CCTION E – EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File)   EMPLOYER NO LONGER IN BUSINESS  FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  yer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)  rs is Federal Contractor)   YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION  O - Motor Vehicle Parts (Used) Merchant Wholesalers  TION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Not Hispanic or Latino													
	SE	CHON	NO (Employer Is Not Eligible to File)													
	∐ien	anic								atino						
					М	ale	NOL	пізрап	IC OI L	auno	Fer	nale				
	0. 2.															
				_		or der	'n	Se		_		or der	'n	Se		
				can		an a	an (	ace		g		and	an (	acı	Row	
JOB CATEGORIES		<u>o</u>	a	fric	u	aiis Isl	ndi; ati	e B	Φ	or Jeri	_	aiis Isl	ndia ati	e R	-	
	Male	шa	hiţ	r A	siaı	aw ific	a N	<u>o</u>	Þİ	ck An	sial	aw	n a N	lor		
	2	Fe	>	ko	Ä	H S	ical	2	≥	3la an	¥	E S	ical Ska	r٧		
				lac A		ive er P	leri ^Ia	0		r Si		i i i	leri Ala	0 0		
				B		Nat the	Am ,	Š		Αŧ		the the	Am ,	Ž		
						-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	0														_	
Professionals Table is in a	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	5	0	0	1	0	0	0	0	0	0	0	0	0	0	6	
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	
CHOOLKI 2022 DEDMOTING VEXD TATAL				1 1			(1)	n					n	0		

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	SECTION A - T	TYPE OF REPORT										
	ESTABLISHME	NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425		CHICAGO IL - CORPORATE OFFICE										
ADDRES	S	CITY/TOWN	STATE	ZIP CODE								
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661								
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Æ									
EB31885		Syracuse NY										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
1810 Lem	oyne Ave	SYRACUSE	NY	13208								
		ENTIFICATION NUMBER (EIN) 2920557										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File)	R IN BUSINE	SS								
·		ACTOR DESIGNATION (if applicable)										
	Unique Entity ID (UE	I): Not Applicable										

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

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

SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

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

	SE	CTION	1 H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La				М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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	8	1	0	0	0	0	2	0	0	0	0	0	11
Laborers and Helpers	0	0	1	1	0	0	0	0	1	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	13	2	0	0	0	0	3	0	0	0	0	0	18
PRIOR 2022 REPORTING YEAR TOTAL	0	0	10	2	0	0	0	0	1	0	0	0	0	0	13

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

U.S. EQUAL EMPLO 2023 EMPLOYER IN												OMB Co	Revised ontrol Nu		46-0049
				-		E OF RI	-								
						LEVEL									
OFS COMPANY ID		SECT	ION B	– EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	DE
500 W MADISON S	T STE	2800						HICAG				IL		6066	
SECTION C – HE			RSOR	ESTAB	LISHN	/ENT-I				ΓΙΟΝ (if	applica				
HQ/ESTABLISHMENT-LEVEL UNIT ID	and Qu	111112	to OIL							-LEVEL		1010)			
QP16950							Grand	l Prairie	e TX						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
3100 Roy Orr Blvd	, Suite	100					GRAI	ND PR	AIRIE			TX		7505	50
	SECTI	ON D -	EMPI		IDENT 952920	FIFICA' 557	TION N	UMBE	R (EIN	)	•		•		
						FILING									
X YES (Employer Is Eligible											IGER I	IN BUSI	NESS		
SEC	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
VEC (Single Establishm															
<del>_</del>	-	•								•					
YES (H	leadqua				. —			•		ishment i s Federa			actor)		
						INFOR			iments i	s redera	Contra	actor)			
		140 - M	otor Ve	ehicle P	arts (U	lsed) M	erchant	Whole							
	SE	CTION	H – W	ORKF	ORCE	DEMO									1
							Race/E		•	- 41					
		anic atino			М	ale	NOt	Hispan	ic or L	atino	Fer	nale			
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	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 Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers **CURRENT 2023 REPORTING YEAR TOTAL** 

> SECTION I - WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-1	1 COM	PONE	NT 1)												
			SECT	TON A	– TYPI	E OF R	EPORT					STATE ZIP CODE  L 60661  ble    STATE ZIP CODE  MA 01970  N BUSINESS  Contractor)   al Contractor)   actor)								
			ESTA	BLISH	ΛΕΝΤ-Ι	LEVEL	REPOR	RT												
		SECT	TON F	- EMP	LOYE	R IDEN	TIFICA	TION												
OFS COMPANY ID		DEC I	10111	Livii	LOIL	K IDE:			AME											
AC16425					C	HICAG				OFFICE	:									
											-	~	1	=======================================						
ADDRESS		SECTION A – TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B – EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  2800  CHICAGO IL 60661  ARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Salem MA  FEL ADDRESS  CITY/TOWN STATE ZIP CODE  SALEM MA 01970  ON D – EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  Oloyer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  Teters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G – NAICS INFORMATION  140 - Motor Vehicle Parts (Used) Merchant Wholesalers  COTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Indic Not Hispanic or Latino  Male Female																		
500 W MADISON S	T STE	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE  CHICAGO IL 60661  ARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Salem MA  EL ADDRESS CITY/TOWN STATE ZIP CODE SALEM MA 01970  ON D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable loyer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  Ters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 40 - Motor Vehicle Parts (Used) Merchant Wholesalers  CTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  anic Not Hispanic or Latino  Male Female																		
SECTION C - HI	EADQU	EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE CHICAGO IL 60661  ARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Salem MA  FEL ADDRESS CITY/TOWN STATE ZIP CODE SALEM MA 01970  ON D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable sloyer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  rters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)																		
HQ/ESTABLISHMENT-LEVEL UNIT ID		HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Salem MA  TEL ADDRESS  CITY/TOWN STATE ZIP CODE SALEM MA 01970  ON D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS																		
QP16356							Sa	alem M	4											
HEADQUARTERS OR ESTABLISHME	NTIEV	EL ADE	CHICAGO  RTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Salem MA  CADDRESS  CITY/TOWN STATE SALEM MA 01970  ND - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  CCTION E - EMPLOYER FILING ELIGIBILITY NO (Employer Is Not Eligible to File)																	
45 Mason S		EL ADL	Salem MA  CADDRESS  CITY/TOWN STATE SIP CODE SALEM  NA  O1970  ND - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  CITION E - EMPLOYER FILING ELIGIBILITY NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable yer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) rs is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)																	
45 Mason S	treet		CITY/TOWN STATE ZIP CODE SALEM MA 01970  N D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  CCTION E - EMPLOYER FILING ELIGIBILITY NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable yer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) rs is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)																	
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)										
	9	SECTION	NE-				FLIGI	RHIT	v											
VFS (Employer Is Eligible		-			-		_			NO LON	JCFD 1	N BIIS	MECC							
											IGER	пов	IIIESS							
SEC	TION.	o File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  It Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)																		
_																				
☐ YES (Single-Establishm	ent Emp	Unique Entity ID (UEI): Not Applicable  oloyer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)																		
☐ YES (H	leadana	loyer is Federal Contractor)																		
<b>12</b> 5 (1	cuaqua							•					ucto1)							
									ments i	s Federa	I Contra	actor)								
	400																			
			loyer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)  ters is Federal Contractor)   YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION  40 - Motor Vehicle Parts (Used) Merchant Wholesalers																	
	SE	CHON	N H – V	VOKKE	ORCE										ı					
									•											
						la la	Not	Hispan	ic or L	atino	F									
	Or La	atino		1	IVI	ale	1	1			Fer	naie								
						. 5						. 5								
				⊆		ام هو	p	l 8		u u		ام هو	ō	Ses						
JOB CATEGORIES				ica		ian	ian	Ra		نَ		ian	ian	Ra	-					
JOB GATEGORIES	Ð	ale ale	Ę.	Afr cal	⊊	c ls	nd Aat	<u>ə</u>	ē.	ne	⊑	kai C. Iş	nd Vat	<u>ə</u>	Total					
	Male	Ĕ	Ä	or,	Sis	ļay	E E	9	Ϋ́	A A	Sis	aşi i	an l	ě						
	_	Ψ.	>	Å.¥	⋖	e F	ics ask	<u> </u>	>	Big	⋖	P a	ica							
				ر اعر		er të	Ag Ag	ŏ		差		.≥ ⊑	ĕ ≅	ŏ						
												# W	_ ~							
				B		P S	Ā	≥		¥		Nat	Am /	≥						
				ω		Oth O	Ā	≥		٨		Nat	Am	≱						
Executive/Senior Level Officials and Managers	0	0	0	0	0	Oth	o Ar	0	0	0	0	Othe	O Am	0	0					
First/Mid-Level Officials and Managers	0	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 0	0	0 0	0	0 0 0	0 0 0	0 0 0	0					
First/Mid-Level Officials and Managers Professionals Technicians	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					
First/Mid-Level Officials and Managers Professionals Technicians Sales 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 0	0 0 0 0	0 0 0 0	0 0 0					
First/Mid-Level Officials and Managers Professionals Technicians	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					

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI E0 1EMI	1 01111		, 1121	O111 (.	LLO .	100111	I OI (E	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHM				?T							
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81
SECTION C - H	EADQU	ARTEI	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	applica	ıble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
EK02983						E	Jackso			<u> </u>			1		
HEADQUARTERS OR ESTABLISHM			DRESS					TY/TOW				STATE		ZIP CO	
4100 Interstate								ACKSO				MS		3921	12
					52920	557				)					
X YES (Employer Is Eligibl				• EMPLO oyer Is N						NO LON	IGER I	N BUSI	INESS		
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable															
☐ YES (Single-Establishr	nent Emr	olover is	Federa	1 Contrac	tor)	YES (	Multi-Es	tablishm	nent Em	plover is	Federal	l Contra	ctor)		
<del>_</del> · · •	-	•													
☐ YES (	Headqua	rters is I	rederal	Contract	or)	YES (N	on-Head	iquarter	s Establ	ishment	is Feder	al Contr	actor)		
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION															
	423	S 140 - M	ectic otor V	)N G − N ehicle P	NAICS arts (U	INFOR	MATIO erchant	N Whole	salers						
				VORKF											
							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
				<u>_</u>		Native Hawaiian or Other Pacific Islander	or	Two or More Races		an		Native Hawaiian or Other Pacific Islander	o d	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian Other Pacific Islan	American Indian or Alaska Native	Rac	Row
002 0/11 200 MIZO	<u>e</u>	Female	White	ck or Afric American	Asian	wai ic Is	Ind Nat	re	White	Black or	Asian	wai ic Is	Ind Nai	ē	Total
	Male	em	Ν	or ner	Asi	Ha	an ka	Mo	Ϋ́	lacl n A	Asi	Ha	an Ka	Š	
		Ľ.		A G	•	_ a &	ric	or	_	B E	_	Pa e	as as	ō	
				Bla		ati her	me	۷0		Λŧri		ati her	E E	Š	
						ᅩᇴ	٧	ŕ		`		ᅩᇴ	⋖	ŕ	
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	1	2	0	0	0	0	0	2	0	0	0	0	0	5
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers Craft Workers	0	0	0 4	0 2	0	0	0	0	0	0	0	0	0	0	0 6
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	1	10	3	0	0	0	0	2	0	0	0	0	0	16
PRIOR 2022 REPORTING YEAR TOTAL	0	0	4	3	0	0	0	0	2	0	0	0	0	0	9

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	11 014.		. ,	0111	LLU.	00111	. 0.12	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHN				RT.			•				
		SECT	TON E	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81
SECTION C - 1	HEADQU	JARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME				
JT56782								Jose C							
HEADQUARTERS OR ESTABLISH 5995 Hellver A			DRESS					TY/TOW				STATE		ZIP CO	
5995 Hellyer A			- EMPI	LOYER	IDENT	TIFICA'				)		CA		9513	00
				9	952920	557									
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): Not 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															
SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
	L		1				Race/E		,						
		oanic atino			М	ale	Not	Hispan	ic or L	atino	Fer	nale			
	0. 2.				141						1 01	laic			
				<u>_</u>		Native Hawaiian or Other Pacific Islander	o	sec		a.		Native Hawaiian or Other Pacific Islander	ō	ses	
JOB CATEGORIES		4		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 Other Pacific Islan	American Indian or Alaska Native	Two or More Races	Row
	Male	Female	White	ck or Afric American	Asian	waj fic L	Inc	ore	White	Black or	Asian	waj fic L	Inc	ore	Total
	ĭ	Fen	≶	k or me	As	Ha	can ska	Š	₹	3lac an A	As	Ha	can ska	Ž	
		_		lacl A		ive gr P	eri Alas	10 0		E rica		ive P P	eri Alas	ō	
				В		Na	An,	Δ		Ą		Na	An,	≥	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	7	0	1	2	4	1	0	1	0	0	0	0	0	0	16
Laborers and Helpers	3	1	1	0	1	0	0	0	0	0	0	0	0	0	6
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 11	1	2	2	5	1	0	1	0	0	0	0	0	0	23
PRIOR 2022 REPORTING YEAR TOTA	L 7	1	2	3	3	0	0	1	0	0	0	0	0	0	17

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
						E OF RI LEVEL					<u>'</u>				
		OT OT													
OFS COMPANY ID		SECT	TON B	5 – EMP	LOYE	R IDEN		OYER N	AME						
					0	HICAC				OFFICE	_				
AC16425					C	HICAG	O IL - C	URPU	KAIE	OFFICE	=				
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					С	HICAG	O			IL		6066	31
SECTION C - HI	LADOL	ADTE	DC OD	ECTAD	T ICUN	MENT I	EVEL	IDENT	TEICA	TION (	fannlia	abla)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	ADQU	ANIL	NO OK			QUARTE						ibie)			
QP16813					TIL: ID	207 HCT E		t Bend		LEVEL					
HEADQUARTERS OR ESTABLISHME			RESS					TY/TOV				STATE		ZIP CC	DE
245 Stockhause	en Lane	9					WE	ST BE	ND			STATE ZIP CODE WI 53095  IN BUSINESS  I Contractor) ral Contractor)			
	SECTI	ON D -	ЕМРІ	LOYER	IDEN	TIFICA	TION N	IIIMBF	R (EIN	)					
	02011	0112	23.,12		952920			.01.122	.22 (222)	,					
		SECTIO	ON E -	EMPL	OYER	FILING	ELIG	BILIT	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emple	over Is N	Not Elig	ible to F	ile) $\square$	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
				-											
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable															
<b>—</b>															
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (I	Multi-Es	tablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
TYES (H	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
_ `	•				. —			-					ŕ		
YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers															
						DEMO									
	J.	CHON	111 – 1	VOKKI	OKCE		Race/E								
	Hier	onio						Hispar	•	otino					
		anic atino			M	lale	NOL	пізраі	IIC OI L	auno	For	nale			
	OI L	l			IV	lale		I		1	rei	liale			
						- E	_	un un				- <u>-</u>	_	w	
				E .		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	o c	Two or More Races	
JOB CATEGORIES				Black or African American		iiar sla	ţ Ţ	Ra		Black or African American		iiar sla	American Indian Alaska Native	Ra	Row
	<u>o</u>	Female	White	ck or Afric American	Asian	Na Ic I	Pa Na	ē	White	Black or	Asian	Ma	Pa Na	ē	Total
	Male	l E	Ϋ́	or Jer	∖Si	La Cifi	a a	≥	ξ	acl	\Sig	da Ci∰	an Ka	€	
	_	Ľ	>	ck An	4	Pa	ric as l	ō	>	E E	•	e Pa	rica	ō	
				Sla		ē ģ	A A	Q		fri		ığ.	Je A	Q	
				ш		I 및 된	₹	≥		<		I N 된	Ā	≥	
			<u> </u>			$oldsymbol{ol}}}}}}}}}}}}}}}}$	<u> </u>		<u> </u>	<u>L_</u>	<u> </u>	oxdot	<u> </u>		<u></u>
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 Taghajaiana	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT-LEVEL\,\,COMMENTS}\,(optional)$ 

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

SECTION A - TYPE OF REPORT	2023 EMPLOYER INI	FORM	IATIO	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Dat					
SECTION B - EMPLOYER IDENTIFICATION   STATE   ZIP CODE				SECT	TON A	- TYP	E OF RI	EPORT	1										
OFFICOMPANY ID   EMPLOYER NAME   CHICAGO   L - CORPORATE OFFICE				ESTA	BLISH	MENT-I	EVEL	REPOR	RT										
OFFICOMPANYID   EMPLOYER NAME   CHICAGO IL - CORPORATE OFFICE			SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION										
ADDRESS	OFS COMPANY ID		blei	10111	Livii	LOIL	K IDE:			IAME									
ADDRESS	AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE								
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)	ADDRESS					_							CTATE		ZID CC	DE			
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)			0000																
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRES																			
National City CA		LADQU	JARTE	RS OR									able)						
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS	*					HEADQ	UARTE				Γ-LEVEL	NAME							
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)	QP17073							Natio	nal City	/ CA									
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)   95/29/20557	HEADQUARTERS OR ESTABLISHME	NT-LEV	VEL ADE	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DE			
SECTION E - EMPLOYER FILING ELIGIBILITY	110 E 16th	St						NAT	IONAL	CITY			CA 91950						
SECTION E - EMPLOYER FILING ELIGIBILITY		SECTI	ON D -	EMPI	OVER	IDEN	TIFICA	TION N	HIMRE	R (FIN	)								
SECTION E - EMPLOYER FILING ELIGIBILITY   YES (Employer Is Eligible to File)   Not Employer Is Not Edigible to File)   EMPLOYER NO LONGER IN BUSINESS    SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)   Unique Entity ID (UEI): Not Applicable		DECII	0112	2.,11				110111		A (BA)	,								
VES (Single-Establishment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)   YES (Non-Headquarters Establishments is Federal Contractor)   YES (One or More Non-Headquarters Establishments is Federal Contractor)   YES (One or More Non-Headquarters Establishments is Federal Contractor)   YES (One or More Non-Headquarters Establishments is Federal Contractor)   YES (One or More Non-Headquarters Establishments is Federal Contractor)   YES (TON Headquarters Esta			SECTIO	ON E -				ELIG	BILIT	Y									
SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)	X YES (Employer Is Eligible	to File)	По	(Emple	over Is N	Not Elig	ible to F	ile) $\square$	EMPL	OYER	NO LO	NGER I	IN BUSI	INESS					
Unique Entity ID (UEI): Not Applicable																			
YES (Single-Establishment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)   YES (Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters																			
YES (Headquarters is Federal Contractor)   YES (Non-Headquarters Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishments is Federal Contractor)   YES (One or More Non-Headquarters Establishments is Federal Contractor)	VEC (Single Establishm																		
YES (One or More Non-Headquarters Establishments is Federal Contractor)   SECTION G - NAICS INFORMATION	<del>_</del>	-	•																
SECTION G - NAICS INFORMATION	☐ YES (H	ieadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	ractor)					
SECTION H - WORKFORCE DEMOGRAPHIC DATA   SECENTION H - WORKFORCE DEMOGRAPHIC DATA   SECENTION H - WORKFORCE DEMOGRAPHIC DATA   SECENTION H - WORKFORCE DEMOGRAPHIC DATA   SECENTION H - WORKFORCE DEMOGRAPHIC DATA   SECENTION H - WORKFORCE DEMOGRAPHIC DATA   SECENTION H - WORKFORCE DEMOGRAPHIC DATA   SECENTION H - WORKFORCE DEMOGRAPHIC DATA   SECENTION H - WORKFORCE DEMOGRAPHIC DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DATA   SECURITION H - WORKFORCE DA			□ Y	ES (O	ne or Mo	ore Non	-Headqı	arters E	Establish	ments i	s Federa	ıl Contra	actor)						
SECTION H - WORKFORCE DEMOGRAPHIC DATA   Race/Ethnicity   Not Hispanic or Latino   Male   Female     Security   Securit																			
American   Professionals   P																			
Hispanic or Latino		SE	ECTION	H – V	VORKE	ORCE										ı			
Secutive/Senior Level Officials and Managers   O		<b></b>								•									
Size   Company						B.A	ala	Not	Hispar	ic or L	.atıno	For	mala						
Executive/Senior Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		OI L	auno			IV	ale				1	rei	liale						
Executive/Senior Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							- <u>-</u>	_	w				- P	_	w				
Executive/Senior Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					a		o b	o o	ĕ		ä		o d	_ O	Čė	_			
Executive/Senior Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOB CATEGORIES		•		ij E		iiai Sla	ti di	Ra		7 5		iiai	it ja	Ra	_			
Executive/Senior Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		<u>e</u>	ale	ite	ica ≱	an	ic l	Sa E	ore	ite	3 £	an	wa ic I	S E	ore	lotai			
Executive/Senior Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		ĭ ĕ	e.	Ž	Je l	Asi	E H	ka	Ĕ	\ \f	lac n A	Asi	E H	an ka	Ĕ				
Executive/Senior Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			ш.		A Ck		δĢ	aric las	ō		<u>е</u>	,	δĢ	aric las	P				
Executive/Senior Level Officials and Managers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					ä		lati he	۶₹	8		Afr		lati he	۲ ق	8				
First/Mid-Level Officials and Managers         0							~ 5	1	-				2 g	4	<b>–</b>				
First/Mid-Level Officials and Managers         0	Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Professionals         0         <																			
Sales Workers         0         <													0						
Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0																			
	Craft Workers	_																	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Operatives

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

## SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT
SECTION R – EMPLOYER IDENTIFICAT

	SECTION B – EMPLO	YER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425		CHICAGO IL - CORPORATE OFFICE									
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE							
500 W MADISO	500 W MADISON ST STE 2800 CHICAGO IL										
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
QP17104		Corona CA									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
182 Grani	te St #105	CORONA	CA	92879							

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

### 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): Not Applicable

- ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)
  - - YES (One or More Non-Headquarters Establishments is Federal Contractor)

### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	Race/Ethnicity															
	Hisp	anic	Not Hispanic or Latino													
	or Latino				М	ale					Fen	nale				
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	5	1	0	0	0	0	0	0	2	0	0	0	0	0	8	
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 2023 REPORTING YEAR TOTAL	5	1	0	0	0	0	0	0	2	0	0	0	0	0	8	
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	INFORMATION REPORT (EI	EO-1 COMPONENT 1)		ol Number: 3046-0049 n Date: 11/30/2026									
	SECTION A - 7	TYPE OF REPORT											
	ESTABLISHME	NT-LEVEL REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME											
AC16425		CHICAGO IL - CORPORATE OFFICE											
ADDRESS CITY/TOWN STATE ZIP CODE													
500 W MADISO	ADDRESS CHTYTOWN STATE ZIPCODE  500 W MADISON ST STE 2800 CHICAGO IL 60661												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HI	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ſE										
QP16378		Greenville SC											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
1116 Ceda	ar Lane Rd	GREENVILLE	SC	29617									
		DENTIFICATION NUMBER (EIN) 2920557											
	SECTION E – EMPLOY	YER FILING ELIGIBILITY		•									
X YES (Employer Is Elig	tible to File) NO (Employer Is Not	Eligible to File) $\square$ EMPLOYER NO LONGE	R IN BUSINE	SS									
	SECTION F – FEDERAL CONTR	ACTOR 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	OKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	3	0	0	0	1	0	0	0	0	0	0	0	4
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 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	1	0	0	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

0

0

21

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Da			
			SECT	TION A	- TYP	E OF RI	EPORT									
			ESTA	BLISHN	ΛΕΝΤ-I	LEVEL	REPOR	RT								
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID							EMPL	OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE	
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	<b>61</b>	
SECTION C - HE	EADQU	ARTE	RS OR	ESTAB	LISHN	AENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)	<u>l</u>			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME					
EE11321						Du	rham N	C - Sel	f Servi	ce						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADI	DRESS				CI	TY/TOW	VN			STATE		ZIP CC	DE	
1301 S Miam	i Blvd						D	URHA	M			NC		2770	)3	
	SECTI	ON D -	-EMPI	LOYER	IDEN'		TION N	UMBE	R (EIN	)						
		SECTIO	ON F -				r el ici	RII ITY	v							
X YES (Employer Is Eligible		Unique Entity ID (UEI): Not Applicable														
		ION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
YES (Single-Establishm	ent Emp	Unique Entity ID (UEI): Not Applicable  t Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
	_	Unique Entity ID (UEI): Not Applicable														
LI YES (F	ieadquai	_			. —			•					ractor)			
				ne or Mo					ments i	s Federa	ıl Contra	actor)				
	4231			ON G - I ehicle P					salers							
	SE	CTION	V H – V	VORKE	ORCE	DEMO	GRAPI	IIC DA	TA							
							Race/E	thnicit	у							
	Hisp						Not	Hispan	ic or L	atino						
	or La	atino			M	ale				1	Fer	nale				
JOB CATEGORIES	е	ale	te (	African can	ur	vaiian or c Islander	Indian or Vative	re Races	ţ.	r or merican	ug ug	vaiian or c Islander	Indian or Vative	re Races	Row Total	
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	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	0	0	0	
First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Professionals Table in the state of the stat	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Technicians Sales Workers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0 4	
Administrative Support Workers	0	0	1	0	0	0	0	0	0	1	0	0	0	0	2	
Craft Workers	1	0	1	1	0	0	0	0	0	0	0	0	0	0	3	
Operatives	3	0	4	2	0	0	0	1	0	0	0	0	0	0	10	
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	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

0

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENII EO I ENII	11 014.1		, 1121	0111 (	LLO	100111	I OI (E	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TON A · BLISHN				?T							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VΝ			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - I	IEADQU	ARTEI	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	applica	ıble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
PA92654						Au	to Parts			in					
HEADQUARTERS OR ESTABLISHM			RESS					TY/TOW				STATE		ZIP CO	
3804 Coconu	Palm D	r						TAMPA	١			FL		3361	9
					52920	557				)					
X YES (Employer Is Eligib				EMPLO Oyer Is N						NO LON	IGER I	N BUSI	INESS		
SI	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establish	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
□ves	Unique Entity ID (UEI): Not Applicable														
L IES	Treauqua	ent Employer is Federal Contractor) 🔲 YES (Multi-Establishment Employer is Federal Contractor)													
						_			ments 1	s Federa	I Contra	ictor)			
	423	ر <b>ح</b> 140 - M	otor V	NG-Nehicle P	vares arts (U	INFOR	erchant	Whole	salers						
				VORKF											
							Race/E	thnicity	у						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale	l l		
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
				Blac		Native Other F	Amer Ala	Two		Afric		Native Other F	Amer Ala	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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians Sales Workers	7	9	3	3	0	0	0	0	2	0	0	0	0	1	0 25
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	. 8	10	4	3	0	0	0	0	2	0	0	0	0	1	28
PRIOR 2022 REPORTING YEAR TOTAL	5	9	3	2	0	0	0	1	2	0	0	0	0	2	24

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

0

0

0

0

0

0

0

0

0

n

0

0

26

10

### 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB30731 Clayton NC - APO Raleigh HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 2928 US Highway 70 East **CLAYTON** NC 27520 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 0 0 2 0 0 0 Professionals 1 0 0 0 0 0 0 0 0 0 0 0 0 0 1 Technicians 0 Sales Workers 0 0 3 0 0 0 0 2 0 0 0 0 7 Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 Craft Workers 0 0 0 0 0 0 0 6 4 0 0 0 0 0 0 0 0 0 0 10 Operatives Laborers and Helpers 0 0 0 0 0 0 0 0 0 0 0

0 SECTION I - WORKFORCE SNAPSHOT PERIOD

0

0

0

0

0

0

0

0

0

0

2

0

0

6

0

2

0

0

11

12/10/2023 - 12/23/2

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

Service Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	IATIO.	N KEI	PORT (	EEO-	I COM	PONE	NT 1)					ration Da	e: 11/30	
				-		E OF R	-				I				
		CE CT													
OFS COMPANY ID		SECI	ION B	5 – EMI	LOYE	R IDEN		OYER N	IAME						
AC16425					С	HICAG				OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S	ST STE	2800					C	HICAG	O			IL		6066	51
SECTION C - H	EADQU	JARTE	RS OR	ESTAF								able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD(	-				Γ-LEVEL	NAME				
EB30823						Cle	arwate	FL - C	opher	SS					
HEADQUARTERS OR ESTABLISHMI															DE
12501 40Th Str															52
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ïle)	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SEC	CTION					OR DE			if applic	cable)					
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	1 Contra	ictor)		
YES (H	Ieadqua	rters is l	Federal	Contrac	tor)	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	ral Conti	ractor)		
						•			nments i	s Federa	l Contra	actor)			
	423					INFOR			salers						
						DEMO									
							Race/E	thnicit	у						
		anic					Not	Hispar	nic or L	.atino					
	or L	atino			M	lale				1	Fer	nale	1		
JOB CATEGORIES	Male	Female	White	ck or African American	Asian	e Hawaiian or Pacific Islander	rican Indian or aska Native	or More Races	White	Black or can American	Asian	e Hawaiian or Pacific Islander	rican Indian or aska Native	More Races	Row Total
	1	ш	_	A 상 F	`	P G	ric	5	_	<u> </u>	_ `	P @	ric	ō	

									•						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	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	1	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	1	1	1	0	0	0	0	1	0	0	0	0	0	6
Administrative Support Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	5	0	0	0	0	0	1	0	0	0	0	0	8
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 2023 REPORTING YEAR TOTAL	4	1	7	2	0	0	0	1	2	0	0	0	0	0	17
PRIOR 2022 REPORTING YEAR TOTAL	2	0	7	1	0	0	1	1	0	0	0	0	0	0	12

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-	I COM	PONE	NT 1)					ontrol Nu ration Dat			
				-		E OF RI	-	RT								
		SECT	TION B	– EMP	LOYE	R IDEN										
OFS COMPANY ID								OYER N								
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE	
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	61	
SECTION C – H	EADOL	ADTE	DC OD	FCTAB	I ICHA	/FNT_I	EVEL	IDENT	TEICA'	TION (i	fannlier	abla)				
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	NO OK							Γ-LEVEL		abie)				
EB30868						Т	ulsa Ol	K - Ape	x Auto							
HEADQUARTERS OR ESTABLISHM	CNT LEX	/EL ADE	DECC			•		TY/TOW				STATE		ZIP CC	NDE	
			JKE33					TULSA				OK		7412		
7600 Charles F												OK		7412	21	
	SECTI	ON D -	- EMPI		IDEN' 952920	FIFICA' 1 <mark>557</mark>	TION N	UMBE	R (EIN	)						
	;	SECTION	ON E -			FILING	ELIGI	BILITY	Y							
X YES (Employer Is Eligible	e to File)	□NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS			
SE	Unique Entity ID (UEI): Not Applicable															
52	ment Employer is Federal Contractor)															
☐ <b>VES</b> (Single-Establishn	ent Emr	Unique Entity ID (UEI): Not Applicable  t Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
<del>-</del> · · ·	•	Unique Entity ID (UEI): Not Applicable mployer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (I	Headqua	Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor) dquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)				
						INFOR										
						Ised) M										
	SE	CTION	N H – V	VORKE	ORCE	DEMO									1	
							Race/E									
		anic atino			M	ale	NOt	Hispan	IIC OF L	atino	For	nale				
	OI L	atimo			IV	ale					rei	liale				
JOB CATEGORIES		_		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 Islander	American Indian or Alaska Native	Two or More Races	Row	
002 0/1120011120	<u>0</u>	ale	<u>te</u>	Afr ica	an	wai ic Is	Ind Nai	re	ite	ae a	an	wai ic Is	Ind Nat	re	Total	
	Male	Female	White	ck or Afric American	Asian	Ha	ka	Mc	White	Black or an Amer	Asian	Ha	ka ka	ĕ		
		ш.		Ack		δģ	eric las	ō		<u> </u>	,	δg	eric las	ō		
				Big		ati	A M	WO		Afr		ati her	¥ A	8		
						2 5	٩	_				2 8	٩	-		
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	2	0	0	0	0	0	0	0	0	0	4	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	2	1	0	0	1	0	1	0	0	0	0	0	5	
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Craft Workers	3	0	3	0	1	0	0	1	0	0	0	0	0	0	8	
Operatives	0	0	4	0	1	0	0	0	0	0	0	0	0	0	5	
Laborers and Helpers	1	0	2	0	0	0	0	0	0	0	0	0	0	0	3	
Service Workers	0	0	0	0	0	0	0	0	1	0		0		0	1	
CURRENT 2023 REPORTING YEAR TOTAL	4	0	13	1	4	0	1	1	2	0	0	0	0	0	26	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

0

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI EO TERM	VI OIL		·	0111 (	LLO.	1 001/1	1 01 (12)	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A BLISHN				:T							
		SECT	TION B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - I	IEADQU	ARTE	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
EP16644						C010	rado Sp			583			-		
HEADQUARTERS OR ESTABLISHM 1727 Jetstre			DRESS			_	CI COLOR	TY/TOW		e		STATE		ZIP CC 8092	
- Trzr Jeistie			- EMPI	LOYER	IDEN'									0092	- 1
					52920	557									
X YES (Employer Is Eligib										NO LON	NGER I	N BUSI	NESS		
SI	ECTION	F – FEI Uni	<b>DERA</b> l	L CONT	RACT UED:	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
☐ YES (Single-Establish	Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
□ YES	Headquarters is Federal Contractor)														
	1	· · ·													
				ON G - N		•			inches i	s r edera	Contro	etor)			
		140 - M	lotor V	ehicle P	arts (L	lsed) Mo	erchant	Whole							
	SE	CTION	N H – V	VORKF	ORCE										
	Hier	anic					Race/E	tnnıcıtı Hispan	<u>,                                      </u>	atino					
		atino			M	ale	NOU	пэрап	lic or L	atiiio	Fen	nale			
						Ę.						Ļ.			
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		can		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u>e</u>	a)	Black or African American	_	aiia Isk	nerican Indian Alaska Native	e Ž	as a	Black or African American	_	aiia Isk	nerican Indian Alaska Native	e R	Total
	Male	Female	White	ck or Afrio American	Asian	la w	in Ir	۸ōr	White	Black or an Amer	Asian	law ific	ın Ir a N	Лor	
		Fe	>	ck c	⋖	e H Pac	rica ask	ō	>	Bla	⋖	e H Pac	rica ask	ě	
				Bla		ativ	me Ala	Š		√fric		ativ	me Ala	Š	
						ᄝ	⋖	ŕ				ᄝ	⋖	ŕ	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	3	0	2	0	0	0	0	0	0	0	0	0	0	0	5
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 2023 REPORTING YEAR TOTAL		0	5	0	0	0	0	0	0	0	0	0	0	0	8
CORRENT 2023 REPORTING TEAR TOTAL	.   3	U	0	U	U	U	U	U	U	U	U	U	U	U	0
PRIOR 2022 REPORTING YEAR TOTAL	_ 2	0	5	0	0	0	0	0	0	0	0	0	0	0	7

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REF	PORT (	EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
			SECT	TON A	– TYPI	E OF RI	EPORT								
			ESTA	BLISH	MENT-l	LEVEL I	REPOR	T							
		SECT	TION B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N.							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HE	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMENT	T-LEVEL	NAME				
AL73746							Cha	rlotte N	IC						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
1706 Queen Ci	ty Drive	9					CH	ARLOT	TE			NC		2820	)8
	SECTI	ON D -	- EMPI		IDENT 952920	FIFICA'	TION N	UMBE	R (EIN	)	11		u .		
		SECTIO	ON E -				ELIGI	BILITY	Y						
X YES (Employer Is Eligible	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
SEC	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
VES (Single-Establishm	Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
<del>_</del>	Unique Entity ID (UEI): Not Applicable														
☐ YES (H	Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
		□ Y	ES (Or	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
	400					INFOR									
	4231 SF	140 - M CTION	JH - V	enicle P	'arts (U 'ORCE	DEMO	CRAPE	Whole:	salers TA						
	J.E.	201101	111 /	OKK	ORCE		Race/E								
	Hisp	anic						Hispan		atino					
	or La				М	ale					Fer	nale			
												_			
				_		o der	5	S		_		o der	5	S	
				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	Row
JOB CATEGORIES	•	<u>0</u>	O)	ck or Afric American	_	ajig	nerican Indian Alaska Native	e E	ø	or Jeri	_	aiii Isl	nerican Indian Alaska Native	e B	Total
	Male	Female	White	r A	Asian	aw	a Z	<u>o</u>	White	Black or an Amer	Asian	aw	_ Z Z	2	
	2	Fe	>	ko	Ä	E Se	ica	2	>	3la an	ĕ	E S	Sk	2	
				lac A		i i	ıeri Na	0		r Si		i i i	Ner!	0	
				<u>B</u>		the	Am,	Š		Αŧ		the	Am /	Š	
						-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	1	0	3	3	0	0	0	0	0	0	0	0	0	0	7
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 4	0	0	0	0	0	7
Administrative Support Workers	0	0	0	1	0	0	0	0	3	0	0	0	0	0	4
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	3	14	0	0	0	1	0	0	0	0	0	0	19
Laborers and Helpers	5	3	7	34	0	0	0	1	0	3	0	0	0	0	53
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CLIDDENT 2022 DEDODTING VEAD TOTAL	Ω	I 1	1.4	52		I 0	Λ.	2	7	2	0	0	0	0	00

SECTION I – WORKFORCE SNAPSHOT PERIOD

12

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMI LOTER II	II OKW	AHO	I NE	OKI (	EEO-	COM	ONE	111)				Expir	ation Dat	e: 11/30/	2026
						E OF RI LEVEL I		:T			•				
		SECT	TION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800						HICAG				IL		6066	
			DG 0 D	TOTAL T						PT 0 3 7 //					
SECTION C – I HO/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	RS OR	ESTAB	LISHN	<u>MENT-L</u> )UARTEI	EVEL	TADLIC	IFICA	TION (1	t applica	able)			
`					пеарс	•					NAME				
DP29647						IN	ashville			ll .					
HEADQUARTERS OR ESTABLISHM		EL ADE	DRESS					TY/TOV				STATE		ZIP CO	
5846 Crossi	ngs Blvd						Α	NTIOC	Н			TN		3701	13
	SECTI	ON D -	- EMPI		IDEN <sup>7</sup> 952920	ΓΙΓΙCΑ΄ <mark> 557</mark>	TION N	UMBE	R (EIN	)					
VFS (Employer Is Eligib						FILING				NO LON	ICER I	IN RUSI	NESS		
	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): Not Applicable  hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
51	Unique Entity ID (UEI): Not Applicable														
VEC (Cinala Establish	nment Employer is Federal Contractor)														
_ , ,	The state of the s														
☐ YES	ment Employer is Federal Contractor) <b>YES</b> (Multi-Establishment Employer is Federal Contractor) Headquarters is Federal Contractor) <b>YES</b> (Non-Headquarters Establishment is Federal Contractor)														
	, — · · · · · · · · · · · · · · · · · ·														
						INFOR									
	55111					nd Regi			Office	S					
						DEMO									
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			M	lale					Fen	nale			
				an		Native Hawaiian or Other Pacific Islander	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	<b>D</b>
JOB CATEGORIES		as a		ric	_	ija Isla	dia	8		or eric	_	ıiia Isla	dia	25	Row Total
	Male	Female	White	Black or African American	Asian	ic Na	nerican Indian Alaska Native	ore	White	Black or an Amer	Asian	is ya	nerican Indian Alaska Native	ore	Total
	ı≅	ė.	\$	r or	Asi	H Ha	an ka	Ĕ	<b>×</b>	lac n A	Asi	E H	an	Ĕ	
		ш.		Ack		δĢ	eric las	ō		Bica	,	δĢ	eric las	ō	
				Big		ati	A A	8		Afr		ati her	M A	8	
						zδ	⋖	F		,		zδ	⋖	F	
5 (0 ) 1 10(C) 1 1M		_											_		
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	10	3	61 147	4	5	1	0	<u>3</u>	13 48	9	1	0	0	0	81 234
Professionals	66	11	414	25	19	1	3	20	129	20	16	0	0	11	735
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	4	3	38	4	1	0	0	0	9	1	0	0	0	0	60
Administrative Support Workers	2	10	34	1	0	0	0	2	46	6	1	0	0	5	107
Craft Workers Operatives	0 51	2	0 184	0 18	0 5	0	0 4	2	0 23	3	0	0	0	2	0 295
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	1	2	1	0	0	0	0	0	5	3	0	0	1	0	13
CURRENT 2023 REPORTING YEAR TOTAL	136	31	879	53	31	3	8	32	273	42	18	0	1	18	1525
PRIOR 2022 REPORTING YEAR TOTAL	47	12	482	37	23	2	1	25	170	32	12	0	0	9	852

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REP	PORT (	EEO-1	I COM	PONE	NT 1)					ontrol Nu ration Da		
			SECT	TON A	– TYPI	E OF R	EPORT	1							
			ESTA	BLISH	/ENT-L	EVEL	REPOF	RT							
		SECT	TON B	– EMP	LOYE	R IDEN	TIFIC	TION							
OFS COMPANY ID								OYER N	IAME						
AC16425					C	HICAG	0 IL - 0	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					C	HICAG	Ю			IL		606	61
SECTION C - HI	EADQU.	ARTE	RS OR	ESTAB	LISHN	1ENT-1	LEVEL	IDENT	IFICA'	TION (it	f applica	ıble)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME				
QP16268							Glen	Burnie	MD						
HEADQUARTERS OR ESTABLISHME															DDE
180 Penrod Cou	Court, Suite C GLEN BURNIE MD 21061														61
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
	S	SECTIO	ON E –	EMPL	OYER	FILIN	ELIG	BILIT	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emplo	oyer Is N	lot Eligi	ible to F	ïle)	EMPL	OYER	NO LO	NGER I	N BUS	INESS		
SEC	CTION			L CONT					if applic	cable)					
YES (Single-Establishm	ent Emp								nent Em	plover is	Federal	l Contra	ctor)		
YES (I	1	•			´ <del>-</del>	`				1 ,			,		
L IES (F	ieauquai				. —			•					actor)		
			,						iments i	s Federa	l Contra	actor)			
	4231			NG-I ehicle F					salers						
				VORKF											
							Race/E	thnicit	у						
	Hisp						Not	Hispar	ic or L	.atino					
	or La	atino		1	М	ale				1 1	Fen	nale			
						_ <del>.</del>		"				- 6		"	
				a a		n o	0 0	Š		än		ug u	o o	Races	_
JOB CATEGORIES	ale	ale	ite	African	an	waiian or ic Islander	Indian or Native	ore Races	ite	k or merican	an	waiian or ic Islander	Indian on Native	ore Ra	Row Total

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	1	0	0	0	0	2	0	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	2	1	0	0	0	0	2	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

	OYMENT OPPORTUNITY C FORMATION REPORT (EF		Re OMB Contr	evised 08/2023 rol Number: 30/ on Date: 11/30/	46-0049						
	ESTABLISHME	TYPE OF REPORT NT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID AC16425		EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE									
ADDRESS		CITY/TOWN	STATE	ZIP CO	DE						
500 W MADISON	ST STE 2800	CHICAGO	IL	6066	31						
SECTION C - H	EADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	IE .								
QP16664 Tampa FL											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE											
1212 N 39th St,	Suite 303	TAMPA	FL	3360	)5						
		DENTIFICATION NUMBER (EIN) 2920557									
X YES (Employer Is Eligible		TER FILING ELIGIBILITY Eligible to File)	R IN BUSIN	ESS							
SE	CCTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable)  LD: 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers											
	SECTION H – WORKFORCE DEMOGRAPHIC DATA										
		Race/Ethnicity									
	Hispanic	Not Hispanic or Latino			1						

### or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islander Two or More Races Two or More Races American Indian or Alaska Native American Indian or Alaska Native Black or African American Black or African American Row **JOB CATEGORIES** Female White Asian Total White Asian Male 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 2023 REPORTING YEAR TOTAL** PRIOR 2022 REPORTING YEAR TOTAL

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME ET08511 Monrovia CA - Pick A Part HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 3333 Peck Rd **MONROVIA** CA 91016 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 2 0 0 3 0 0 0 Professionals 1 0 0 0 0 0 0 0 0 0 0 0 0 0 1 Technicians 0 0 Sales Workers 5 0 2 0 0 0 0 0 0 0 0 0 0 8 Administrative Support Workers 0 0 0 0 0 0 0 0 0 6 Craft Workers 2 0 0 0 0 0 0 22 0 0 0 0 0 0 0 0 0 0 0 0 23 Operatives 1 Laborers and Helpers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 Service Workers 0 0 0 0 0 0 0 0 0 0 **CURRENT 2023 REPORTING YEAR TOTAL** 34 2 3 0 0 0 0 2 0 0 0 0 0 43 PRIOR 2022 REPORTING YEAR TOTAL 21 0 0 0 0 0 0 24

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMI LOTER II	AI OKWI	AHO	N KEI	OKI (	EEO-	COM	I ONE.	111)				Expir	ation Dat	e: 11/30/	2026
			-	TION A - BLISHN			-	:T			<b>,</b>				
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	20112		2012			OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VΝ			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - I	IEADQU	ARTEI	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
JT56672								NY -							
HEADQUARTERS OR ESTABLISHM		EL ADD	RESS					TY/TOW				STATE		ZIP CO	
40 Hopki		OND	EMDI	OVED	IDENT	PIETO A		UFFAL		`		NY		1422	20
					952920	557				, 					
X YES (Employer Is Eligib				EMPLO oyer Is N						NO LON	NGER I	IN BUSI	INESS		
	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'								
<b>—</b>	_		_	tity ID (					_						
☐ YES (Single-Establish	•	•													
☐ YES	(Headqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)		
						_			ments i	s Federa	1 Contra	actor)			
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers															
	SE	CTION	VH – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E								
		anic				-1-	Not	Hispan	ic or L	atino					
	or La	atino 			IVI	ale					Fen	nale			
				an		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races		an		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races	
JOB CATEGORIES		<u>0</u>	<sub>m</sub>	Black or African American	ι	aiia Isla	American Indian or Alaska Native	e R		Black or African American	_	aiia Isla	American Indian or Alaska Native	e R	Row Total
	Male	Female	White	ck or Afric American	Asian	lawa:	ın In	Jore	White	Black or	Asian	lawa:	n In	Jore	. Otal
		Fe	>	ck c	٧	e H Pac	rica ask	ō	>	Bla	٧	e H Pac	rica ask	ō	
				Bla		ativ	me Al	Š		Afric		ativ	me Al	Š	
						Ζŏ	•	ŕ				Ζŏ	٩	ŕ	
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	1	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	5	1	0	0	0	0	0	0	0	0	0	0	6
Operatives	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL		0	7	2	0	0	0	0	1	0	0	0	0	0	10
CORRENT 2023 REPORTING TEAR TOTAL	- V	U	′	4	U	U	U	U .	<u>'</u>	V	U	U	U	U	10
PRIOR 2022 REPORTING YEAR TOTAL	L 0	0	7	1	0	0	0	0	1	0	0	0	0	0	9

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

## SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

EMPLOYER NAME

AC16425

 425
 CHICAGO IL - CORPORATE OFFICE

 ADDRESS
 CITY/TOWN
 STATE
 ZIP CODE

 500 W MADISON ST STE 2800
 CHICAGO
 IL
 60661

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

EB30244 Charleston WV

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN STATE ZIP CODE
CHARLESTON WV 25312

## ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	11	0	0	0	0	0	0	0	0	0	0	0	11
Laborers and Helpers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	20	0	0	0	0	1	0	0	0	0	0	0	21
PRIOR 2022 REPORTING YEAR TOTAL	0	0	17	0	0	0	0	1	0	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INI	FORM	ATIO	N REF	PORT (	EEO-1	COM	PONE	NT 1)					ontrol Nui ation Dat		
			SECT	ION A	- TYPI	E OF RI	EPORT								
			ESTA	BLISHN	1ENT-L	EVEL I	REPOR	T.							
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID					_			OYER N.		055105					
AC16425					C	HICAGO	J IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	11
SECTION C - HE	ADQU	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
JT56760							Sprir	ngfield (	OR						
HEADQUARTERS OR ESTABLISHME		EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
1860 Laura	St						SPF	RINGFI	ELD			OR		9747	7
	SECTI	ON D -	EMPI	LOYER	IDENT 052920		ΓΙΟΝ N	UMBE	R (EIN	)	•				
		SECTIO	ON E –	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emple	oyer Is N	ot Eligi	ible to F	ile) 🔲	EMPL(	OYER	NO LON	IGER I	N BUSI	INESS		
SEC	TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishme	nent Employer is Federal Contractor)														
□ ves (H	Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
									ments 1	s Federa	I Contra	ictor)			
	4231			ON G - N ehicle P					salers						
	SE	CTION	H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA'	TA						
							Race/E	thnicity	/						
	Hisp						Not	Hispan	ic or L	atino					
	or La	atino		1	M	ale					Fen	nale	1 1		
								"				<u> </u>		"	
				an		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races		ä		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	_
JOB CATEGORIES		a)		Black or African American		iiai Isla	American Indian or Alaska Native	Ra		Black or African American		iiai Isla	nerican Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	Iwa Fic I	Na Na	ore	White	Black or an Amer	Asian	ic l	L S	ore	Total
	Ě	-en	×	r or	As	Ha aci	can ska	ž	₹	lac In A	As	ac i	ska	Š	
		-		ack		ive r P	eric	ō		В į		j We	eric	o o	
				8		lati the	₩ A	.≥		Afr		lat	₽ A	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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0														
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0													0	
Operatives	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 2023 REPORTING YEAR TOTAL	0	0	2	0	0	1	0	0	0	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI EO TEMI	Expiration Date: 11/30/20													2026	
				TION A BLISHN				?T							
		SECT	ION B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE	•				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - I	IEADQU	JARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	TION (i	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
EB31867								eter PA							
HEADQUARTERS OR ESTABLISHM	IENT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
48 Slocur	1 Ave	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER FILING ELIGIBILITY													13
				9	52920	557				)					
X YES (Employer Is Eligib										NO LOI	NGER I	N RUSI	INESS		
	ECTION										102111				
Si	CHON	r – rei Uni	ique En	tity ID (	HED.	Not Apr	dicable	IION (I	п аррис	able)					
□ <b>1 1 1 1 1 1 1 1 1 1</b>	. 10									, .	<b>.</b>				
L YES (Single-Establish	nent Emp	oloyer is	Federa	1 Contrac	ctor) 🔝	YES (I	viuiti-Es	tabiisnn	ient Em	pioyer is	Federal	Contra	ctor)		
☐ YES	hment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  G (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	423	140 - M	otor V	ehicle P	arts (U	Ised) M	erchant	Whole	salers						
	SE	CTION	H – V	VORKF	ORCE										ı
							Race/E		,						
		oanic				-1-	Not	Hispan	ic or L	atino.					
	or La	atino			IVI	ale					Fen	nale			
JOB CATEGORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
OOB OATEGORIEG	Φ	Female	te	ck or Afric American	Ę	kai C.Is	Ind	re	ţe.	Black or an Amer	Ę	vai c Is	Ind	<u>e</u>	Total
	Male	Ĕ	White	or,	Asian	da C≓i	an   ca	Wo	White	ack	Asian	cji ja	an   ca	₽	
	_	щ	>	ck Am	۹	Pa Pa	rica	or l	>	Bla	٩	Pa	rica	<u>~</u>	
				3la		ati.	mel Ala	0/		fric		ativ er	me Ala	Š	
				_		žŧ	Ā	_		■ ■		žŧ	Ā	≥	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	3	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives Laborers and Helpers	0	0	8	0	0	0	0	0	0	0	0	0	0	0	10
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL		0	15	0	0	0	0	0	1	0	0	0	0	0	18
	<b>#</b>		I						I		I				
PRIOR 2022 REPORTING YEAR TOTAL	3	0	14	0	0	0	0	0	0	0	0	0	0	0	17

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`								Expir	ation Dat	e: 11/30/	2026
				TON A											
				BLISHN											
OFS COMPANY ID		SECT	TON B	– EMP	LOYE	R IDEN		<u>ATION</u> OYER N	AME						
AC16425					С	HICAGO				OFFICE	:				
						ПОЛО				011101					
ADDRESS								TY/TOW				STATE		ZIP CC	
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C – I	IEADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
GA30164						Vin	eland N	IJ - Soι	ithern I	NJ					
HEADQUARTERS OR ESTABLISHM		EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
4 Main F	load						VI	NELAN	ID			NJ		0836	60
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)					
				EMPL	OYER	FILING									
X YES (Employer Is Eligib											IGER I	IN BUS	INESS		
SI	ECTION							TION (i	if applic	able)					
_				tity ID (											
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	(Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	(Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)  ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
				N G - 1					inents i	s r caera	Contro				
	423	140 - M	otor V	ehicle P	Parts (U	lsed) M	erchant	Whole	salers						
				VORKF											
							Race/E	thnicity	у						
		anic				_	Not	Hispan	ic or L	atino		_			
	or La	atino		1	M	ale				1	Fer	nale	1		
						- <del>-</del>		<b>,</b> 0				- 5		"	
				Ę		Native Hawaiian or Other Pacific Islander	o c	Two or More Races		an		Native Hawaiian or Other Pacific Islander	o o	Two or More Races	
JOB CATEGORIES		4		Black or African American		iiar sla	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian Other Pacific Islan	American Indian Alaska Native	Ra	Row
	<u>e</u>	Female	White	ck or Afric American	Asian	wai	Inc Na	re	White	Black or an Amer	Asian	wai	Inc	re	Total
	Male	em	Ν	or ner	۸si	Ha	an ka	Mo	Ϋ́	lacl n A	Asi	Ha	an ka	Mo	
		Ľ.		P P	_	_ a &	ric	or	_	B E	•	Pa Pa	as as	or	
				Bla		ati	me A	٧o		Υŧri		ati	F A	٧o	
						ᅩᇴ	A	Ĺ		`		ᅩᇴ	<b>∀</b>	ŕ	
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	2	0	3	0	0	0	0	0	0	0	0	0	0	0	5
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3 0
Administrative Support Workers Craft Workers	7	0	3	0	0	0	0	0	0	0	0	0	0	0	10
Operatives	8	0	1	0	0	0	0	1	1	0	0	0	0	0	11
Laborers and Helpers	4	0	2	0	0	0	0	0	0	0	0	0	0	0	6
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	_ 23	0	10	0	0	0	0	1	1	0	0	0	0	0	35
PRIOR 2022 REPORTING YEAR TOTAL	_ 24	0	9	1	0	0	0	0	0	0	0	0	0	0	34

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZVZV ZWII ZV I ZWI	Expiration Date: 11.													e: 11/30/	2026
				TION A . BLISHN				:T							
		SECT	TON F	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	10112					OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	31
SECTION C – I HO/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (if Γ-LEVEL	applica	able)			
MV45660					HEADÇ					I-LEVEL	NAME				
1111	AENIT I EX	/EL ADE	DECC				Ketterir					CTATE		ZID.CC	DE
HEADQUARTERS OR ESTABLISHN 4991 Hempstea			DKESS					TY/TOW TTERII				STATE		ZIP CO 4542	
- 4551 Hempstea			EMPI	LOYER	IDEN'	ΓΙFICA'				)		011		4042	-5
					952920	557									
X YES (Employer Is Eligib										NO LON	NGER I	IN BUS	INESS		
SI	ECTION	F – FEI Uni	DERAI	L CONT	TRACT UED:	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
YES (Single-Establish	ment Employer is Federal Contractor)														
□YES	Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
				ON G - N					inches i	3 I cucia	Contro	uctor)			
		33639	0 - Oth	ner Moto	or Vehi	cle Part	s Manu	facturir							
	SE	CTION	V H – V	VORKF	ORCE										ı
	Hier	anic	1				Race/E	tnnıcıtı Hispan	,	atino					
		atino			M	lale	NOU	пэрап	lic or L	atiiio	Fer	nale			
						_						_			
				au		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	_
JOB CATEGORIES		ø	4	Black or African American	_	aiia Isla	dia	Ra		Black or African American	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	awa	n N N	lore	White	Black or an Amer	Asian	awa	n N N	lore	lotai
	_ ≥	Fel	>	k o	Ä	e H	icai Iska	≥ ≥	>	Bla	ğ	e H	ica Iska	≥ ≥	
				3lac		ativ er F	ner Ala	é		fric		ativ er F	ner Ala	é	
						ž ģ	Ā	≥		•		≥ £	Ā	≥	
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	1	0	0	0	0	0	4
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	1	22	3	1	0	1	0	1	1	0	0	0	0	32
Laborers and Helpers	1	1	3	1	0	0	0	0	1	0	0	0	0	0	7
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	_ 3	2	29	4	1	0	1	0	6	1	0	0	0	0	47
PRIOR 2022 REPORTING YEAR TOTAL	_ 0	1	4	0	0	0	0	1	3	0	0	0	0	0	9

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	INFORMATION REPORT (EI	EO-1 COMPONENT 1)		ol Number: 3046-0049 n Date: 11/30/2026						
	SECTION A - T	TYPE OF REPORT								
	ESTABLISHME	NT-LEVEL REPORT								
	SECTION B - EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
AC16425		CHICAGO IL - CORPORATE OFFICE								
ADDRESS CITY/TOWN STATE ZIP CODE										
500 W MADISON ST STE 2800 CHICAGO IL 60661										
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ							
EB30226		Syosset NY								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
149 Lafayette Drive SYOSSET NY 11791										
		DENTIFICATION NUMBER (EIN) 2920557								
	SECTION E – EMPLOY	YER FILING ELIGIBILITY		•						
X YES (Employer Is Elig	gible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINE	SS						

# SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	4	0	0	0	0	1	0	0	0	0	0	0	5
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	0	1	3	0	0	0	1	0	0	0	0	0	0	8
Laborers and Helpers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	4	0	7	3	0	0	0	2	1	0	0	0	0	0	17
PRIOR 2022 REPORTING YEAR TOTAL	6	0	8	4	0	0	0	2	1	0	0	0	0	0	21

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLO 2023 EMPLOYER IN													Revised ontrol Nu- ration Dat	mber: 30	
						E OF RI					<u> </u>				
						EVEL									
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID					_			OYER N			_				
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S	ST STE	2800					С	HICAG	O			IL		6066	61
SECTION C - H	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADÇ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
QP16905							Eart	h City N	ON						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DE
13730 Shoreline	CtSuite	Ε					EA	RTH C	ITY			MO		6304	5
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA'	TION N	UMBE	R (EIN	)					
	9	SECTIO	N E -			FILING	FLIGI	RILIT	V						
X YES (Employer Is Eligible	to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
SE	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
YES (Single-Establishm	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
YES (I	nent Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor) Headquarters is Federal Contractor)   YES (Non-Headquarters Establishment is Federal Contractor)														
									ments i	s Federa	l Contra	actor)			
		140 - M	otor V	ehicle P	arts (U	INFOR	erchant	Whole							
	SE	CCTION	I H – V	VORKE	ORCE	DEMO									
	Hinn	!-					Race/E			-4!					
		anic atino			м	ale	NOT	Hispan	IIC OF L	atino	Fen	nale			
	0					alc					1 61	laic			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Craft Workers

Service Workers

Laborers and Helpers

Operatives

U.S. EQUAL EMPL 2023 EMPLOYER I											OMB Co	andard F Revised ontrol Nu- ation Dat	08/2023 mber: 304	16-0049
		ESTA	BLISH	– TYPI ⁄IENT-L	EVEL	REPOF	RT							
1	SE	CTION B	-EMP	LOYE	R IDEN									
OFS COMPANY ID							OYER N							
AC16425				C	HICAG	0 IL - C	ORPO	RATE	OFFICE					
ADDRESS						C	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON	ST STE 2800	)				С	HICAG	0			IL		6066	1
SECTION C -	HEADQUART	ERS OR	ESTAE	LISHN	1ENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID				HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	-LEVEL	NAME				
QP16367		Jacksonville FL												
HEADQUARTERS OR ESTABLISH	MENT-LEVEL A	DDRESS				C	TY/TOW	/N			STATE		ZIP CO	DE
8475 Western V	/ay, Suite 160												6	
	SECTION I	O – EMPI		IDENT 952920		TION N	UMBE	R (EIN	)	'		•		
X YES (Employer Is Eligi		TION E -		-		_			NO LOI	NCFD I	IN RUCI	INIFCC		
										MOEKI	пов	LILESS		
8	ECTION F – F	Inique En					TION (1	if applic	able)					
☐ YES (Single-Establish							tablishm	nent Em	ployer is	s Federal	l Contra	ctor)		
☐ YES	(Headquarters	is Federal	Contrac	tor)	YES (N	Ion-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		YES (Or	ne or Mo	ore Non	-Headqı	arters E	stablish	ments i	s Federa	ıl Contra	actor)			
	SECTION G - NAICS INFORMATION													
	423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA													
	SECTI	OTATI - A	OKINI	ORCE		Race/E								
	Hispanic							•	atino					
		Hispanic Not Hispanic or Latino or Latino Male Female												
			_		or der	ō	es		_		or der	or	es	

Black or African American American Indian o Alaska Native Two or More Race Native Hawaiian of Other Pacific Island Native Hawaiian Other Pacific Islan American Indian Alaska Native Two or More Race African America Row **JOB CATEGORIES** Black or Female White Total Asian White Asian Male 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 2023 REPORTING YEAR TOTAL** PRIOR 2022 REPORTING YEAR TOTAL 

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	INFORMATION REPORT (EF	EO-1 COMPONENT 1)		ol Number: 3046-0049 n Date: 11/30/2026							
	SECTION A - T	TYPE OF REPORT									
	ESTABLISHME	NT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425		CHICAGO IL - CORPORATE OFFICE									
ADDRESS CITY/TOWN STATE ZIP CODE											
500 W MADISON ST STE 2800 CHICAGO IL 60661											
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
CL18633		West Deptford NJ									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
39 Phoe	nix Drive	WEST DEPTFORD	NJ	08086							
		DENTIFICATION NUMBER (EIN) 2920557	1								
	SECTION E – EMPLOY	ER FILING ELIGIBILITY		•							
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS											
	CECTION E FEDERAL CONTR	A CTOD DEGICALATION (10 11 11 )									

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

<u>Unique Entity ID (UEI)</u>: 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5E	CHON	(H – V	VUKKI	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	2	0	3	1	0	0	0	1	1	1	0	0	0	0	9
Professionals	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	6	0	9	0	0	0	0	0	2	0	0	0	0	0	17
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	13	0	12	9	0	0	0	1	1	1	0	0	0	0	37
Laborers and Helpers	3	0	5	3	0	0	0	1	1	1	0	0	0	0	14
Service Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2023 REPORTING YEAR TOTAL	25	1	29	13	0	0	0	3	6	3	0	0	0	0	80
PRIOR 2022 REPORTING YEAR TOTAL	17	0	29	12	0	0	0	4	4	2	0	0	0	0	68

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

U.S. EQUAL EMPLO 2023 EMPLOYER IN												OMB Co	andard F Revised ontrol Nu ation Da	08/2023 mber: 30-	46-0049
				TION A BLISHN											
		CECT	_	B – EMP			_								
OFS COMPANY ID		SECI	IONE	- ENIF	LUIE	KIDEN		OYER N	IAME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S	ST STE	2800					С	HICAG	Ю			IL		6066	51
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE				Γ-LEVEL	NAME				
EB31647								ork PA							
HEADQUARTERS OR ESTABLISHM		EL ADE	DRESS				Cl	TY/TOV				STATE		ZIP CC	
275A Cross F	Farm Ln YORK PA													1740	06
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
		SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILIT	Y						
X YES (Employer Is Eligibl	e to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ïle)	EMPL	OYER	NO LON	IGER I	IN BUSI	NESS		
SE	CTION			L CONT				TION (	if applic	able)					
YES (Single-Establishm	aant Ema		-					tahliahm	ant Em		Fodomi	1 Contro	atou)		
<del>-</del> · · ·	•	•													
☐ YES (	Headqua	rters is I	Federal	Contrac	tor) 🔲	YES (N	Von-Head	dquarter	s Establ	ishment i	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqı	arters E	stablish	ments i	s Federa	l Contra	actor)			
	400			)N G - 1											
				ehicle F VORKE											
	51	CTIO	111 7	VOKIKI	OKCL		Race/E								
	Hisp	anic						Hispar		atino					
	or L	atino			M	lale					Fen	nale			
JOB CATEGORIES				rican		iian or slander	lian or tive	Races		ır arican		iian or slander	lian or tive	Races	Row
	Male	Female	White	ck or African American	Asian	e Hawaiian or Pacific Islander	ican Indian aska Native	or More Races	White	Black or an American	Asian	e Hawaiian or Pacific Islander	rican Indian or aska Native	or More Races	Total

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	2	0	0	0	0	1	1	0	0	0	0	0	5
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	1	0	2	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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	4	0	15	4	0	0	0	0	0	0	0	0	0	0	23
Laborers and Helpers	0	0	11	5	0	0	0	1	0	0	0	0	0	0	17
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	6	0	31	9	0	0	0	2	2	0	0	0	0	0	50
PRIOR 2022 REPORTING YEAR TOTAL	4	0	31	5	0	0	0	0	2	0	0	0	0	0	42

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	INFORMATION REPORT (EF	EO-1 COMPONENT 1)		rol Number: 3046-0049 on Date: 11/30/2026
	SECTION A - T	TYPE OF REPORT		
	ESTABLISHME	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	IL	60661		
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E	
DP29537		Portland OR		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
16393 NE C	ameron Blvd	PORTLAND	OR	97230
		DENTIFICATION NUMBER (EIN) 2920557		
	SECTION E - EMPLOY	ER FILING ELIGIBILITY		
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File)	R IN BUSIN	ESS
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable)  ED: Not Applicable		

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

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

SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

	SE	CTION	1 H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA'	TA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		ори			Fen	nale			
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	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	1	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	6	0	0	0	0	0	1	0	0	0	0	0	8
Administrative Support Workers	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	12	1	0	0	1	2	1	0	0	0	0	0	19
Laborers and Helpers	2	0	16	2	2	0	0	1	0	0	0	0	0	0	23
Service Workers	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
CURRENT 2023 REPORTING YEAR TOTAL	5	0	38	3	2	0	1	3	8	0	1	0	0	0	61
PRIOR 2022 REPORTING YEAR TOTAL	5	1	34	1	1	0	1	3	4	0	1	0	0	0	51

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2023 EMPLOYER IN	FORM	AHO	NKEI	OKI (	EEO-	I COM	PONE	N1 1)					ation Dat	te: 11/30/	
						E OF RI LEVEL		:T							
		SECT	ION B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	S1
SECTION C – H			DC OD	ECT A D	T TOTTA	AENTE I				TION (:4	C 1:				•
HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKIL	KS UK	ESTAD	HEADO	OLIARTEI	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME	ible)			
EB31831						(		anooga							
HEADQUARTERS OR ESTABLISHM	ENT I EX	/EL ADD	DECC		<u> </u>			TY/TOW			<u> </u>	STATE	1	ZIP CO	DE
4600 Central			KLOO					TTANO				TN		3741	
1000 00111141			EMPI			ΓΙFICA'				)					
	;	SECTIO	ON E -		952920 OYER	0 <mark>557</mark> FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	e to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LON	IGER I	N BUSI	NESS		
SE	CTION					OR DE		ΓΙΟΝ (i	if applic	able)					
☐ YES (Single-Establish	nent Emr		_	-				tablichn	ant Em	nlover ic	Fadaral	Contra	ctor)		
_	_	-													
☐ YES (	Headqua	rters is I	Federal	Contrac	tor) 🔲	YES (N	lon-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
									ments i	s Federa	l Contra	ctor)			
	423	S: 140 - M	ectic otor V	)N G - N ehicle P	NAICS Parts (L	INFOR	MATIO erchant	N Whole	salers						
						DEMO									
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino.					
	or La	atino		1	M	lale				1	Fen	nale	1		
				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	0	<u>e</u>	o o	ck or Afric American	u	aiis	nerican Indian Alaska Native	e R	o o	or 1eri	_	aiia Isl	nerican Indian Alaska Native	e R	Total
	Male	Female	White	or A eric	Asian	a ific	a N	١Ō	White	Black or an Amer	Asian	law :ific	n a N	١٥	
	_	Fe	>	ck c	٧	Pac H	rica	<u> </u>	>	Bla	⋖	e H Pac	rica ask	<u>ا</u>	
				3lao		e ţi	ner Ala	ě		fric		ativ ler	ner Ala	ě	
				_		ᇐ	₹	_≥		٩		꿀늄	₹	_ ≥	
														ļ	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0 2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
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	5	0	0	0	0	0	1	0	0	0	0	0	6
Laborers and Helpers Service Workers	0	0	3 0	0	0	0	0	<u>0</u> 1	0	0	0	0	0	0	3 1
CURRENT 2023 REPORTING YEAR TOTAL		0	12	0	0	0	0	1	2	0	0	0	0	0	15
CORRENT 2023 REPORTING TEAR TOTAL	U	U	12	U	U	U	U	I		U	U	U	U	U	10
PRIOR 2022 REPORTING YEAR TOTAL	0	0	12	1	0	0	0	1	1	0	0	0	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

38

												Expii	ation Dat	C. 11/30/	2020
	SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT														
				_			_								
OFS COMPANY ID		SECT	TON B	- EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					C	HICAG				OFFICE					
						ПОЛО				011101					
ADDRESS								TY/TOW				STATE		ZIP CO	
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	51
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADÇ	(UARTEI					NAME				
FM66461						Atlan	ta GA -			KOCK					
HEADQUARTERS OR ESTABLISHM			DRESS					TY/TOW				STATE		ZIP CO	
6320 Boat Roo	k Bd S.V	٧.					Α	TLANT	Α			GA		3033	36
	SECTI	ON D -	EMPI		IDEN'	FIFICA'	TION N	UMBE	R (EIN	)					
		SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligib	e to File)	□NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPLO	OYER I	NO LO	NGER I	IN BUSI	INESS		
SI	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	f applic	able)					
		Uni	ique En	tity ID (	UEI):	Not App	licable	`	11	,					
☐ <b>YES</b> (Single-Establish	hment Employer is Federal Contractor)														
□ ves	S (Headquarters is Federal Contractor)														
TES															
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION														
	423					INFOR Jsed) M			ealere						
						DEMO									
							Race/E	thnicity	,						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino		1	M	lale	1				Fer	nale	1		
				n		or nder	or	ses		ın		or ider	or	ses	
JOB CATEGORIES		ø		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	Row Total
	Male	Female	White	ck or Afric American	Asian	fic	i S	ore	White	Black or an Amer	Asian	fic	i N	ore	TOTAL
	Ž	Fer	₹	k o	As	H, Ha	car	Ž	₹	3lac an /	As	H <sub>2</sub>	car ska	Σ	
				lac		tive er P	neri Ala	0 0		Frica		tive er P	neri Ala	00	
				ш		R &	A	_ ≥		¥		B 등	An	≥	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Craft Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Operatives	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers Service Workers	19 0	6	0	9	0	0	0	0	0	0	0	0	0	0	36 0
		8	6	10	1	0	0	1	1	0	0	0	0	0	47
CURRENT 2023 REPORTING YEAR TOTAL	. 20	ď	б	10	1	U	U	1	1	U	U	U	U	U	4/

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

~	INFORMATION REPORT (EF			ol Number: 3046-0049 on Date: 11/30/2026
	SECTION A - T	TYPE OF REPORT		
	ESTABLISHME	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE	
QP17370		San Antonio TX - Earl Owens		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
Rittiman East DC Building #10	), 5810-5922 Busniess Park D	SAN ANTONIO	TX	78219
		ENTIFICATION NUMBER (EIN) 2920557		
	SECTION E - EMPLOY	ER FILING ELIGIBILITY		
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File)	R IN BUSINE	ESS
	SECTION F – FEDERAL CONTRA	ACTOR DESIGNATION (if applicable)		

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

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

## SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	I H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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	7	0	1	0	0	0	0	1	0	0	0	0	0	0	9
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 2023 REPORTING YEAR TOTAL	7	0	3	0	0	0	0	1	0	0	0	0	0	0	11
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-1	l COM	PONE	NT 1)					ontrol Nu ration Dat		
			SECT	TON A	– TYPI	E OF RI	EPORT								
			ESTA	BLISH	/ENT-l	_EVEL I	REPOR	T:							
		SECT	TION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE	•				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON S	т стг	2000						HICAG				IL		6066	
SECTION C - HI			RS OR	FSTAR	I ISHN	/FNT-I				FION (it	f applies			0000	)
HQ/ESTABLISHMENT-LEVEL UNIT ID	<i>n</i> iDQC	7111111	KD OIL	LOIM	HEADC	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME	aoic)			
FM66517							anta GA								
		TEX ABO	DEGG			7 (0)						CEL LEE		71D GO	D.F.
HEADQUARTERS OR ESTABLISHME			DRESS					TY/TOW				STATE		ZIP CO	
4585 Frederic	k S.W.						A	TLANT	Α			GA		3033	36
	SECTI	ON D -	- EMPI		IDENT 052920	TIFICA' 557	TION N	UMBE	R (EIN	)					
		SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
XYES (Employer Is Eligible	to File)	Пио	(Empl	over Is N	lot Elig	ible to F	ile) $\square$	EMPLO	OYER	NO LO	NGER	IN BUS	INESS		
SEC	LION					OR DE		11 <b>ON</b> (1	п аррис	abie)					
<b>—</b>	_		-						_						
☐ <b>YES</b> (Single-Establishm	ent Emp	oloyer is	Federa	I Contra	ctor)	YES (N	Multi-Es	tablishm	ent Em	ployer is	Federa	I Contra	ctor)		
YES (F	Ieadqua	rters is l	Federal	Contrac	tor)	YES (N	on-Head	lquarters	s Establ	ishment	is Feder	al Contr	ractor)		
	•							-		s Federa					
									ments 1	s redera	ı Contra	actor)			
	4231					INFOR			salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA'	TA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fer	nale			
				_		ج ما الح	'n	S		_		ie ie	₽	S	
				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	Row
JOB CATEGORIES		o o		iric an	_	isi si	nerican Indian Alaska Native	æ		or	_	is is	nerican Indian Alaska Native	S.	Total
	Male	Female	White	ck or Afric American	Asian	<u>§</u> ≥	Ξ̈́	ore	White	Black or	Asian	ii ≷	Ξ̈́ž	ore	TOtal
	Ĕ	ė.	IÈ	ne ne	As	Ha Sci	ka	Š	⋛	lac n A	Asi	H Ha	ka	Š	
		ш.	_	Ar Ar		a g	eric las	o	_	B	_	e e	eric las	or	
				333		e ij	⊒e	0		۱ŧ		atj.	≝ ₹	۸٥	
				_		žŧ	₹	≥		٩		žŧ	₹	_≥	
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	2
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	2	0	0	0	0	0	0	0	0	0	0	0	0	2
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	4	4	2	1	0	0	0	1	0	0	0	0	0	0	12
Service Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	5	6	3	2	0	0	0	1	0	0	0	0	0	0	17

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

			Expirati	on Date: 11/30/2020							
	SECTION A - T	TYPE OF REPORT									
	ESTABLISHMEI	NT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425		CHICAGO IL - CORPORATE OFFICE									
ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 CHICAGO IL 60661											
500 W MADISO	500 W MADISON ST STE 2800 CHICAGO										
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
EB31555		McAllen TX									
HEADQUARTERS OR ESTABLIS	CITY/TOWN	STATE	ZIP CODE								
5001 Tanya Av	TX	78503									
<u> </u>	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)	·								

952920557

### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	2r	CHON	(H - V	VUKKI	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	2	1	0	0	0	0	0	1	0	0	0	0	0	0	4
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	10	1	0	0	0	0	0	1	0	0	0	0	0	0	12
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	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers	4	1	0	0	0	0	0	0	0	0	0	0	0	0	5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	18	3	0	0	0	0	0	2	0	0	0	0	0	0	23
PRIOR 2022 REPORTING YEAR TOTAL	18	2	0	0	0	0	0	2	0	0	0	0	0	0	22

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT													Expiration Date: 11/30/2026					
			SECT	TION A	- TYP	E OF R	EPORT											
			ESTA	BLISH	∕IENT-I	LEVEL	REPOF	RT										
		SECT	ION B	B – EMP	LOYE	R IDEN												
OFS COMPANY ID								OYER N										
AC16425					С	HICAG	0 IL - C	ORPO	RATE	OFFICE								
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE			
500 W MADISON S												IL	51					
	EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if appli											olicable)						
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAM																	
EB30574	Anaheim CA - PYP																	
HEADQUARTERS OR ESTABLISHM												STATE		ZIP CC				
1235 S Beach E	louleva	rd					Α	NAHEI	M			CA		9280	04			
	SECTI	ECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)																
953406551 SECTION E – EMPLOYER FILING ELIGIBILITY																		
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): 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)																		
_ `	•							_		s Federa								
						INFOR												
						Jsed) M DEMO												
	SE	CHON	\ <b>п</b> – v	VUKKE	OKCE		Race/E											
	Hisr	panic						Hispan	•	atino					-			
		atino			M	lale	1101	Пори		uuno	Fer	nale						
															1			
				_		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islander	٥	es				
100 0475 000150				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	nerican Indian Alaska Native	Two or More Races	Row			
JOB CATEGORIES		<u>e</u>	ø,	ck or Afric American	_	aiis S Is	ati di	9	ø	Black or an Amer	_	aii	American Indian Alaska Native	6	Total			
	Male	Female	White	or A	Asian	a Hic	a l	lo.	White	A č	Asian	ii a	a l	lo.				
	_	P.	>	Ϋ́ξ	⋖	e H	ica		>	Bla	<	Pac H	ica	2				
				lac ,		er ë	Ag	Į į		ţ		er Ĕ	Age	Į į				
				ш		울	Ā	ı≛		<		울동	Ā	≥				
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			

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

16

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												Expiration Date: 11/30/2026			
				TON A - BLISHN				RT			•				
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	0 IL - 0	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-I	EVEL	IDENT	IFICA	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID		HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME													
EB31840		Milford CT													
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
138 Furniture	Road						N	IILFOR	D			CT		0646	30
	SECTI	ECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557													
952920557 SECTION E – EMPLOYER FILING ELIGIBILITY															
X YES (Employer Is Eligible		SECTION E – EMPLOYER FILING ELIGIBILITY  o File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS													
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)															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable															
The Stablishment Employer is Federal Contractor)   ■ 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)															
									ments i	s Federa	ıl Contra	actor)			
	4231	140 - M	otor V	ON G - N ehicle P	arts (U	lsed) M	erchant	Whole	salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	HIC DA	TA						
							Race/E								
	Hisp						Not	Hispan	ic or L	atino					
	or La	atino		1	М	ale	I			ı	Fer	nale	1		
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	0	0	0 2	0	0	0	0	1	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	1	4	0	0	0	1	0	0	0	0	0	0	8
Laborers and Helpers Service Workers	0	0	3 0	0	0	0	0	0	0	0	0	0	0	0	4 0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

0

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

0

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												Expiration Date: 11/30/2026			
				TON A BLISHN				rT							
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HE	EADQU	ARTE	RS OR									able)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
QP17095							Mor	ntclair C	CA						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
4809 Holt /	\ve	e MONTCLAIR CA												9176	63
	SECTI	CTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557													
	SECTION E – EMPLOYER FILING ELIGIBILITY														
X YES (Employer Is Eligible	to File)	File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS													
SEC	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable															
■ YES (Single-Establishment Employer is Federal Contractor) ■ YES (Multi-Establishment Employer is Federal Contractor)															
YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)															
<b>— 12</b> 5 (1	icauquai							_					uctor)		
				ne or Mo					ments 1	s redera	ıı Contra	actor)			
	4231			ehicle P					salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E								
	Hisp						Not	Hispan	ic or L	atino					
	or La	atino		1	М	ale	1			1	Fer	nale	1		
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

0

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													OMB Control Number: 3046-0049 Expiration Date: 11/30/2026			
						E OF RI										
						EVEL										
OES COMPANY ID		SECT	TION B	- EMI	PLOYE	R IDEN			(A.) (E.							
OFS COMPANY ID AC16425					C	шеле		OYER N		OFFICE						
						пісав				OFFICE						
ADDRESS								TY/TOW				STATE		ZIP CC		
500 W MADISON S								HICAG				IL		6066	61	
SECTION C - HE	CADQU	ARTE	RS OR	ESTAF								able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME					
QP16411		Stockbridge GA														
HEADQUARTERS OR ESTABLISHME		EL ADE	DRESS					TY/TOW				STATE		ZIP CC		
7237-A Daniel Dr STOCKBRIDGE												GA		3028	31	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557																
SECTION E – EMPLOYER FILING ELIGIBILITY																
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUS	INESS			
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 (H	-	•														
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	Establish	ments i	s Federa	ıl Contra	actor)				
	423					INFOR			ealere							
	SE	CTION	VH – V	VORKE	ORCE	DEMO	GRAPI	HC DA	TA							
							Race/E	thnicit	у							
		anic					Not	Hispan	ic or L	.atino						
	or L	atino		1	М	ale		1			Fer	nale	1			
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	
Evecutive/Senior Level Officials and Managers				Blac		Native Other F	Ameri Ala	Two o	0	Africa	0	Native Other F	Ameri	Two o		

First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers **CURRENT 2023 REPORTING YEAR TOTAL** PRIOR 2022 REPORTING YEAR TOTAL 

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT													Expiration Date: 11/30/2026			
				TION A BLISHN				RT.								
		SECT	TION B	B – EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID								OYER N	IAME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DE	
500 W MADISON	ST STE	2800					С	HICAG	Ю			IL		6066	61	
SECTION C – HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (it Γ-LEVEL	f applica	able)				
HF15002					TIEADQ	VOAKTEI		uston T		I-LEVEL	IVAIVIL					
HEADQUARTERS OR ESTABLISH	MENT-LEV	EL ADE	DRESS					TY/TOV				STATE		ZIP CC	DE	
1101 East Ri			HOUSTON											7707	<b>7</b> 3	
	SECTI	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
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)																
S	ECTION	F – FEI <u>Un</u>	DERAI ique En	tity ID (	UEI):	Not App	siGNA olicable	TION (	if applic	able)						
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)			
☐ 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																
	423	S 140 - M	ECTIC	ON G - I ehicle P	NAICS Parts (U	INFOR	MATIO erchant	N Whole	salers							
				VORKF		DEMO	GRAPI	IIC DA	TA							
							Race/E									
		anic atino			М	ale	Not	Hispan	ic or L	atino	Fer	nale				
				can		Native Hawaiian or Other Pacific Islander	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	Row	
JOB CATEGORIES	<u>e</u>	ale	ite	Black or African American	an	waiia ic Isl	nerican Indian Alaska Native	re R	ite	Black or an Amer	an	waiia ic Isl	nerican Indian Alaska Native	re R	Total	
	Male	Female	White	k or mer	Asian	Hay	can ska	r Mo	White	slacl an A	Asian	Ha	can ska	r Mo		
				3lac A		ative ler P	neri Ala	0 0/		frica		ative ler P	neri Ala	0 0/		
				_		žŧ	Ā			•		žŧ	₹	2		
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
First/Mid-Level Officials and Managers	2	1	1	0	0	0	0	1	0	0	0	0	0	0	5	
Professionals	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	16	4	4	7	0	0	0	1	0	0	0	0	0	0	32	
Administrative Support Workers	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	
Craft Workers Operatives	12	3	2	0 10	0	0	0	0	0	0	0	0	0	0	0 28	
Laborers and Helpers	12	0	1	3	0	0	0	1	1	0	0	0	0	0	18	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTA		11	9	20	0	0	0	3	2	0	0	0	0	0	88	
PRIOR 2022 REPORTING YEAR TOTA	L 42	5	10	15	0	0	0	3	1	0	0	0	0	0	76	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

## SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш

SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

EB31115 Grand Rapids MI - MDC

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1120 36th St SE, Ste 540 **GRAND RAPIDS** MI 49508

## SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

### 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): 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)

EMPLOYER NAME

### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H – WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	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	2	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	5	0	0	0	0	0	4	1	0	0	0	0	10
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	6	1	0	0	0	0	13
PRIOR 2022 REPORTING YEAR TOTAL	0	2	5	0	0	0	0	0	6	0	0	0	0	0	13
	-	SECTIO	NIT T	WODE	FODCI	CNIAD	TOUS	DEDIAI	`						

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

## SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш

SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

EP39911 Conway AR - Preferred Auto

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 650 Simon Road **CONWAY** AR 72032

## SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

### 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): 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)

EMPLOYER NAME

### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

SECTION H – WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		ора			Fen	nale			
				Tentale Tentale											
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	8	0	0	0	0	0	0	0	0	0	0	0	8
Administrative Support Workers	0	1	0	0	0	0	0	0	1	0	0	0	0	0	2
Craft Workers	0	0	5	1	0	0	0	0	0	0	0	0	0	0	6
Operatives	2	0	5	2	0	0	0	1	0	0	0	0	0	0	10
Laborers and Helpers	0	0	1	4	0	0	0	0	0	0	0	0	0	0	5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	1	23	7	0	0	0	1	1	0	0	0	0	0	35
PRIOR 2022 REPORTING YEAR TOTAL	2	0	20	8	0	0	0	1	0	0	0	0	0	0	31

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/202

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

2023 EMILOTER	Expiration Date: 11/30/2026													2026	
			SECT	TION A	- TYP	E OF R	EPORT	ı							
			ESTA	BLISH	MENT-	LEVEL	REPOR	RT							
		SECT	TION E	B – EMF	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					C	HICAG				OFFICE					
ADDRES															
500 W MADISOI	N ST STE	2800					С	HICAG	O			IL		6066	61
	HEADQU	JARTE	RS OR	ESTAF								able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD(	QUARTE.				I-LEVEL	NAME				
DP29495															
HEADQUARTERS OR ESTABLISH			DRESS												
849 Whitaker R	oad Suite	190					PL	AINFIE	LD			IN		4616	58
	SECT	ION D -	- EMPI				TION N	IUMBE	ER (EIN	)					
		SECTION	ON E -				ELIG	BILIT	Y						
X YES (Employer Is Elig										NO LO	NGER I	IN BUS	INESS		
:	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Linium Entity ID (LED): Not Applicable														
☐ YES (Single-Establis	hment Em								nent Em	plover is	Federa	l Contra	ctor)		
<del>_</del> · · · ·					-										
<b>_</b> 12.0	/(11euuque							-							
		S	ECTIO	ON G - 1	NAICS	INFOR	MATIC	)N							
	SI	ECTION	N H – V	VORKE	ORCE										1
	Hier	nanic	ı						•	atino					
					M	lale	1101	mopai		auno	Fer	nale			
															1
JOB CATEGORIES		e	o o	Vfrican	_	raiian or SIslande	ndian or lative	e Races	o o	or nerican	c	raiian or SIslande	ndian or lative	e Races	Row Total
	Male	CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE CHICAGO IL 60661  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Indianapolis IN  MENT-LEVEL ADDRESS ACITY/TOWN STATE ZIP CODE AND PLAINFIELD IN 46168  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY Alle to File On (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS ECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino or Latino Male  Race/Ethnicity  Hispanic Or Latino Or Latino Male  Female  Female  Female  Female  Female  Female  Female													
				Bla		Nativ Other	Ame	Two		Afric		Nativ Other	Ame	Two	
Executive/Senior Level Officials and Manager	3 0	0	1	0	0	0	0	0	0	0	0	0	0	0	1

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

First/Mid-Level Officials and Managers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Administrative Support Workers

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

												Expir	ation Dat	e: 11/30/	2026
				ION A - BLISHN				:T							
		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	10112	23,111	LOIL	K IDD:		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C – H HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR							ΓΙΟΝ (it Γ-LEVEL		able)			
EV54114					HEADQ	UAKTE		ewood I		I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	ENT I EX	EL ADD	DECC					TY/TOW				STATE	1	ZIP CO	DE
1706 Pulaski			/KESS					GEWO				MD		2104	
			EMPI	OYER						)					
	•	SECTIO	ON E -	EMPLO	)52920 OVER		ELIGI	BILITY	v						
X YES (Employer Is Eligibl										NO LO	NGER I	IN BUSI	NESS		
SE	CTION	F – FEI	DERAI	CONT	RACT	OR DES	SIGNA	ΓΙΟΝ (i	if applic	able)					
	· ·														
☐ <b>YES</b> (Single-Establishr	shment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
YES (	shment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  S (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	· ·														
	423			NG-Nehicle P					salers						
				VORKF											
							Race/E	thnicity	у						
		anic				-1-	Not	Hispan	ic or L	atino					
	or La	atino			IM	ale					Fen	nale			
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	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	1	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	1	0	0	0	0	0	0	0	0	0	0	3
Administrative Support Workers Craft Workers	0	0	3	1	0	0	0	0	0	0	0	0	0	0	4
Operatives	2	0	5	1	0	0	1	1	0	0	0	0	0	0	10
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 2023 REPORTING YEAR TOTAL	2	0	13	4	0	0	1	1	2	0	0	0	0	0	23

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425

CHICAGO IL - CORPORATE OFFICE

ADDRESS

CITY/TOWN
STATE
ZIP CODE
CHICAGO

CHICAGO
IL
60661

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

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

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

EB30482 Houston TX - Wallisville - SS

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

9314 Wallisville Road

CITY/TOWN

TX

77013

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	51	201101	, ,	OKKI	ORCL			thnicity							
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	1	1	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	4	2	0	0	0	0	0	0	1	0	0	0	0	1	8
Administrative Support Workers	1	2	0	1	0	0	0	0	0	0	0	0	0	0	4
Craft Workers	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Operatives	5	0	1	3	0	0	0	0	0	0	0	0	0	0	9
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 2023 REPORTING YEAR TOTAL	10	6	2	7	0	0	0	0	1	0	0	0	0	1	27
PRIOR 2022 REPORTING YEAR TOTAL	4	4	2	5	0	0	0	1	1	0	0	0	0	1	18

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REF	PORT (	EEO-1	COM	PONE	NT 1)								
			-	-		-	-				<u> </u>					
OEG COMBANNE		SECT	TON B	– EMP	LOYE	R IDEN			43.C							
OFS COMPANY ID					_					055105	_					
AC16425					C	HICAG	3 IL - C	ORPO	RAIE	OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE	
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61	
	EADQU	ARTE	RS OR									ıble)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ						NAME					
GA30532						W	aterloo	IA - Ke	eystone	•						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE	
100 E 5Th S	treet						WA	ATERLO	00			IA		5070	)3	
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)			•			
		ION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  D NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
X YES (Employer Is Eligible	to File)	952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  D) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
SEC	CTION	□ NO (Employer Is Not Eligible to File) □ EMPLOYER NO LONGER IN BUSINESS  F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
		□ NO (Employer Is Not Eligible to File) □ EMPLOYER NO LONGER IN BUSINESS  F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable  bloyer is Federal Contractor) □ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	ent Emp	loyer is	→ FEDERAL CONTRACTOR DESIGNATION (if applicable)     Unique Entity ID (UEI): Not Applicable  over is Federal Contractor)    YES (Multi-Establishment Employer is Federal Contractor)													
	_	-	− FEDERAL CONTRACTOR DESIGNATION (if applicable)     Unique Entity ID (UEI): Not Applicable  over is Federal Contractor)    YES (Multi-Establishment Employer is Federal Contractor)													
L i ES (F	ieauquai							•					actor)			
									ments i	s Federa	l Contra	actor)				
		33999	99 - All	Other I	Miscella	aneous	Manufa	acturing								
	SE	CTION	V H – V	VORKF	ORCE											
	Hisp or La				М	alo	Not	Hispan	ic or L	atino	For	nala				
	OI L	atimo			IVI	ale					rei	lale				
JOB CATEGORIES	Male	emale	White	ι or African merican	Asian	Hawaiian or acific Islander	an Indian or ka Native	More Races	White	lack or n American	Asian	Hawaiian or acific Islander	an Indian or ka Native	More Races	Row Total	
		<b>L</b>		Black Aı		Native Other P	Americ Alas	Two or		B Africa		Native Other Pa	Americ Alas	Two or		
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		SECTION A - TYPE OF REPORT													
Technicians	0		SECTION A - TYPE OF REPORT													
Sales Workers	0		SECTION A - TYPE OF REPORT													
Administrative Support Workers	0															
Craft Workers	0	0														
Operatives	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4	
Laborers and Helpers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTAL	0	0	12	0	0	0	0	0	1	0	0	0	0	0	13	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	OISON ST STE 2800 CHICAGO IL 60661  N C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Oklahoma City OK - Earl Owens														
			SECT	TON A	- TYP	E OF R	EPORT				ı				
			ESTA	BLISH	MENT-	LEVEL	REPOF	RT							
		SECT	TON B	R – EMP	LOYE	R IDEN	TIFIC	TION							
OFS COMPANY ID		DLCI	10112	, Divil	LOIL	IX IDE.			IAME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE	<b>.</b>				
ADDRESS					1		C	TV/TOV	UNI			CTATE	1	ZID.CC	DE
	т отг	2000													
														6066	01
	EADQU	J <b>ARTE</b> I	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD	•					NAME				
QP17392						Oklah	oma Ci	ty OK -	Earl O	wens					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	VEL ADD	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DE
1101 Enterpri	se Ave						OKLA	AHOMA	CITY			OK		7312	28
	SECTI	ON D -	EMPI				TION N	IUMBE	R (EIN	)					
	952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  ole to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS														
X YES (Employer Is Eligible	e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEC	CTION	to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)													
-		ION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable													
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
□ ves (	Ieadana	rters is I	Federal	Contrac	tor)	VES (N	Jon-Hea	danarter	s Establ	ishment	is Feder	al Contr	actor)		
125(1	icadqua							•					actor)		
						_			inicits i	s redera	u Conu	actor)			
	423								salers						
							Race/E	thnicit	у						
		oanic					Not	Hispar	nic or L	atino.					
	or L	atino			M	lale					Fen	nale			
						_						_			
				_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
IOD CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Sac		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	\ac	Row
JOB CATEGORIES	an an	<u>e</u>	O)	ck or Afric American	ے	aii S Is	ati	e E	ø	Black or an Amer	_	aii	ndi Iati	ē	Total
	Male	Female	White	or A	Asian	a Fig	a Z	ō	White	장문	Asian	a ∰ic	n la	lo.	
	2	Fe	>	ž ž	Ã	) H	sk		>	33a	- Ž	ac ac	ica sk		
				lac /		iž Š	Ala	0		_ :F		iž Š	her Ala	0	
				B		La Sa	Απ'	≥		₹		F a	An'	≥	
						-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	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

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Operatives

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	IA I IO.	N KEI	OKI (				ation Dat							
			SECT	TION A	- TYP	E OF RI	EPORT				I				
			ESTA	BLISH	/ENT-	LEVEL	REPOR	RT							
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	IAME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS								TY/TOV				STATE		ZIP CC	
500 W MADISON S								HICAG				IL		606	51
SECTION C – HI HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	JARTE	RS OR							<b>ΓΙΟΝ</b> (it Γ-LEVEL		able)			
EB30143					пеарс		k Have				NAME				
HEADQUARTERS OR ESTABLISHMI	NT-I EV	/FL ADD	DRESS					TY/TOV				STATE		ZIP CO	DE
269 River F		LETIDE	TLLDD					RK HAV				PA		173	
	SECTI	ON D -	EMPI	OYER	IDEN	ΓΙFICA'	TION N	IIIMRE	R (EIN	)					
				9	952920	557				,					
_		-			_	FILING	_								
SE	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
NEC (Circle Established	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  hment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
_ , ,	•					`							,		
TYES (F	Ieadqua							•					actor)		
									ments i	s Federa	l Contra	actor)			
	423					INFOR			salers						
						DEMO									
							Race/E	thnicit	у						
		oanic				1-1-	Not	Hispan	ic or L	atino.					
	or L	atino			IV	lale					Fer	nale			
						z der	5	S		_		z der	ō	S	
IOD CATEGODIES				Black or African American		an (	American Indian or Alaska Native	Sace		Black or African American		an (	an (	\ace	Row
JOB CATEGORIES	ø	Female	te	ck or Afric American	Ē	vaii	Indi	re F	te	Black or an Amer	u.	vaii	Indi	re F	Total
	Male	eñ	White	or ,	Asian	Hav	an   ka	ω	White	lack n Ai	Asian	Hav	an   ka	Θ	
		ш		ack		r Pe	nerican Indian Alaska Native	o.		B ica	,	r Pg	American Indian Alaska Native	o	
				8		Native Hawaiian or Other Pacific Islander	Am A	Two or More Races		Afı		Native Hawaiian or Other Pacific Islander	An	Two or More Races	
								-				Ū		-	
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
	_		1 -		_	_		_		-	_			_	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100)

	LOYMENT OPPORTUNITY C INFORMATION REPORT (EF		OMB Contro	rised 08/2023 bl Number: 3046-0049 n Date: 11/30/2026								
	SECTION A - T	TYPE OF REPORT	•									
	ESTABLISHME	NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425		CHICAGO IL - CORPORATE OFFICE										
ADDRES	S	CITY/TOWN	STATE	ZIP CODE								
500 W MADISON ST STE 2800 CHICAGO IL 60661												
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Æ									
EB31335		Greensboro NC										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
4224 Tudor L	ane, Ste 105	GREENSBORO	NC	27410								
		ENTIFICATION NUMBER (EIN) 2920557										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
XYES (Employer Is Elig	tible to File) <b>NO</b> (Employer Is Not	Eligible to File)	R IN BUSINE	SS								
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : Not Applicable										
YES (Single-Establi	shment Employer is Federal Contractor	r) TYES (Multi-Establishment Employer is Fed	eral Contractor	)								
☐ YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fe	deral Contracto	or)								
	YES (One or More	Non-Headquarters Establishments is Federal Co	ntractor)									
·	SECTION G - NA	ICS INFORMATION										

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5r	CHON	1 H – V	VOKKE	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	6	0	0	0	0	0	0	0	0	0	0	0	7
Professionals	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	13	0	0	0	0	0	2	0	0	0	0	0	16
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	30	9	0	0	0	1	0	0	0	0	0	0	41
Laborers and Helpers	0	0	3	1	0	0	0	0	0	0	0	0	0	0	4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	3	0	54	10	0	0	0	1	4	0	0	0	0	0	72
PRIOR 2022 REPORTING YEAR TOTAL	3	0	47	13 WODK	0	0	0	1	2	0	0	0	0	0	66

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

2840 Old Rochester Road

EEOC Standard Form 100 (SF 100) Revised 08/2023

STATE

IL

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZIP CODE

62703

### SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB31160 Springfield IL

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

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): 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)

CITY/TOWN

**SPRINGFIELD** 

#### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

	SE	CTION	1 H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La				М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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	2	1	0	0	0	0	0	0	0	0	0	0	3
Laborers and Helpers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	5	2	0	0	0	0	0	0	0	0	0	0	7
PRIOR 2022 REPORTING YEAR TOTAL	0	0	6	1	0	0	0	0	0	0	0	0	0	0	7

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/202

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

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

5620 Blessey Street

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZIP CODE

70123

STATE

LA

### SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB31292 New Orleans LA

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

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): 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)

CITY/TOWN

**HARAHAN** 

#### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

	SE	CTION	I H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	5	8	0	0	0	0	1	0	0	0	0	0	15
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	3	2	0	1	0	0	1	0	0	0	0	0	7
Laborers and Helpers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	0	12	10	0	1	0	0	3	0	0	0	0	0	28
PRIOR 2022 REPORTING YEAR TOTAL	2	0	12	9	0	1	0	1	2	0	0	0	0	0	27

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII LOTEKTI	II OKWI	AHO	N KE	OKI (	EEO-	COM	I ONE.	1111)				Expir	ation Dat	e: 11/30/	2026
											•				
		SECT	TON F	R – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		SECI	10.11	, DIVII	LOIL	I IDE.			IAME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE	•				
ADDRESS					1		CI	TV/TOU	UNI			CTATE	1	ZID.CC	NDE.
	OT OTE	0000													
														6066	01
	EADQU	JARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME				
GA30081	CHICAGO IL - CORPORATE OFFICE  S CITY/TOWN STATE ZIP CODE N ST STE 2800 CHICAGO IL 60661  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Stanton CA - PYP  MMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE BILL Drive STANTON CA 90680  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551  SECTION E - 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): Not Applicable chment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
HEADQUARTERS OR ESTABLISHM	EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE CHICAGO IL 60661  EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Stanton CA - PYP  ENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE Drive STANTON CA 90680  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551  SECTION E - EMPLOYER FILING ELIGIBILITY eto File NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable  Junique Entit														DDE
8188 Katell	a Drive	SECTION A – TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B – EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CODE  ADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Stanton CA - PYP  NT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE  Drive STANTON STATE ZIP CODE  SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551  SECTION E – EMPLOYER FILING ELIGIBILITY  to File NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  (readquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G – NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino Or Latino Male Female													
	SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551  SECTION E - EMPLOYER FILING ELIGIBILITY le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CCTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
		SECTIO	ON E -				ELIGI	RILIT	V						
VFS (Employer Is Fligib										NO LON	JCFR I	N RIISI	INFCC		
											IGEN	II DOS	ITESS		
SE	CTION							TION (	if applic	able)					
			-	-											
YES (Single-Establish	nent Emp	oloyer is	Federa	I Contrac	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (	Headqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
	•							_							
						_			inicitts i	s reuera	i Contra	ictor)			
	NST STE 2800  CHICAGO  IL 60661  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Stanton CA - PYP  HMENT-LEVEL ADDRESS  CITY/TOWN STATE ZIP CODE STANTON  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551  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): Not Applicable shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity Hispanic Or Latino Male Female														
	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Stanton CA - PYP  IMENT-LEVEL ADDRESS  CITY/TOWN STATE STANTON CA 90680  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551  SECTION E - 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): Not Applicable hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  G (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino														
	1														
	Hisp	panic								atino					
					М	ale					Fen	nale			
	A ST STE 2800  CHICAGO  IL  60661  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Stanton CA - PYP  MENT-LEVEL ADDRESS  CITY/TOWN STATE  STATE  STANTON  STATE  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  953406551  SECTION E - EMPLOYER FILING ELIGIBILITY  ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic  Or Latino  Male  Female														
				_		ج م الج	'n	S		_		o de	'n	S	
				san		ano	an (	acı		cal		and	an (	ä	Row
JOB CATEGORIES		<u>o</u>		fric	_	ajie Isl	idia ati	2	40	or	_	aiis Is	dia	₩	Total
	ale	nal	) ite	r A	iar	lic a	E S	ore	i i	Am Am	ia.	lic %	ΞŽ	o <u>r</u> e	. Olu.
	Ŝ	e.	₹	e e	As	aci H	car ska	Σ	₹	lac In /	As	aci H	car	Σ	
	ļ	_		act		δď	eric	ō		Bica		δg	eric	ō	
	ļ			B		ati he	m\ A	×		Afr		lati he	m A	×	
						<b>~</b> 8	1	-				<b>∠</b> 8	4	-	
Executive/Senior Level Officials and Managers	10	0	0	0	n	0	n	0	0	0	n	0	0	0	0
First/Mid-Level Officials and Managers	2	0	0	0	0	0	0	0	1	0	0	0	0	0	3
Professionals	CHICAGO IL - CORPORATE OFFICE  CITY/TOWN CHICAGO  CHICAGO														0
Technicians	SECTION A - TYPE OF REPORT   ESTABLISHMENT-LEVEL REPORT   SECTION B - EMPLOYER IDENTIFICATION   EMPLOYER NAME   CHICAGO   IL   60661   Good														0
Sales Workers	SECTION A - TYPE OF REPORT														8
Administrative Support Workers Craft Workers	SECTION A - TYPE OF REPORT   ESTABLISHMENT-LEVEL REPORT   ESTABLISHMENT-LEVEL REPORT   SECTION B - EMPLOYER IDENTIFICATION   EMPLOYER NAME   CHICAGO   L - CORPORATE OFFICE														3
Operatives							_								9
Laborers and Helpers							0					0			0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	19	5	0	0	0	0	0	0	1	0	1	0	0	1	27
DDIOD 2022 DEDODTING VEAD TOTAL	10	1	0	0	1	0	0	0	1	0	1	0	0	0	1.4

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`				,				Expir	ration Dat	e: 11/30/	/2026
				TION A				_							
		CECT		BLISHN B – EMP											
OFS COMPANY ID		SECI	IONE	- ENIP	LUIE	KIDEN		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - 1	IEADQU	ARTE	RS OR									able)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
EB31894								nester l							
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOW				STATE		ZIP CO	
72 Spencerp								CHEST				NY		1460	Jo
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)					
X YES (Employer Is Eligit				EMPLO						NO LON	NCFR I	IN RIISI	INFCC		
	ECTION			-							TOLK	111 DCD	II (LDD		
5.	ECTION			tity ID (				11011 (1	паррис	autc)					
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
□yes	(Headqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	lauarter	s Establ	ishment	is Feder	ral Contr	actor)		
<b>3</b>	(11				. —			•		s Federa			,		
				)N G -1					ilicitts i	s i cacia	ii Contra	actor)			
		140 - M	otor V	ehicle P	Parts (L	lsed) M	erchant	Whole							
	SE	CTION	V H – V	VORKF	ORCE										
	Uion	ania	ı				Race/E		,	atin a					
		anic atino			M	ale	NOt	Hispan	C Or L	atino	Fer	nale			
				c		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islander	ō	es	
JOB CATEGORIES				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 Other Pacific Islan	American Indian Alaska Native	Two or More Races	Row
JOB GATEGORIES	<u>0</u>	Female	<u>te</u>	ck or Afric American	au	wai ic Is	Ind Nat	<u>-</u>	<u>te</u>	Black or an Amer	an	wai ic Is	Ind	<u>e</u>	Total
	Male	em	White	or ner	Asian	Hay	an ka	Š	White	lacl n A	Asian	Hay	an Ka	₽	
		ш	_	An		P &	eric las	ō		B	`	P &	aric las	ō	
				B		lati her	\me	×		Afr		lati her	¥ A	, ,	
						2 ō	1	-				2 ō	1	-	
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	5	0	0	0	1	0	0	0	0	0	0	0	6
Professionals Techniques	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
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	2	0	9	5	0	0	0	0	0	0	0	0	0	0	16
Laborers and Helpers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 3	0	16	5	0	0	1	1	0	0	0	0	0	0	26
PRIOR 2022 REPORTING YEAR TOTA	L 1	0	15	5	0	0	1	1	0	0	0	0	0	0	23

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
						E OF RI									
						_EVEL I									
000 001 m 11W m		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID					•			OYER N		055105					
AC16425					C	HICAG	3 IL - C	ORPO	RAIE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	81
SECTION C - HI	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				-LEVEL	NAME				
QP16576								tsville A							
HEADQUARTERS OR ESTABLISHME			RESS					TY/TOW				STATE		ZIP CO	
1795 Sportsma	an Lane	!					HU	NTSVIL	LLE			AL		3581	6
	SECTI	ON D -	EMPI		IDENT 052920	TIFICAT 557	TION N	UMBE	R (EIN	)					
	5	SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	N BUSI	NESS		
SEC	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
	Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	nent Employer is Federal Contractor) <b>YES</b> (Multi-Establishment Employer is Federal Contractor)														
TYES (F															
<b>1</b> 125 (1	(Headquarters is Federal Contractor)    YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
						INFOR			ments i	s redera	i Contra	ictor)			
	4231	140 - M	otor V	ehicle P	arts (U	lsed) Me	erchant	Whole	salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO									
	Hier	!-	1				Race/E	-		-4!					
	Hisp or La				М	ale	NOt	Hispan	IC OF L	atino	Fen	nale			
	01 20				141						1 61	laic			
				<u>_</u>		Native Hawaiian or Other Pacific Islander	o	ses		u e		Native Hawaiian or Other Pacific Islander	o t	ses	
JOB CATEGORIES		-		Black or African American		Native Hawaiian or Xther 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	Row
000 0711 20011120	<u>e</u>	Female	ite	ck or Afric American	an	wai ic l	Ind Na	ore	White	Black or an Amer	an	wai ic Is	Ind Na	re	Total
	Male	em	White	or	Asian	Ha	an ka	Mc	₹	lac n A	Asian	Hay	an ka	Ĕ	
		ш		ack		r Pe	eric	o		B ica	,	ě g	eric	ō	
				Bi		lati the	A A	, No		Afr		lati the	ΑM	Š	
						~ ŏ	•	_				2 b	`	-	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
			SECT	TON A	- TYP	E OF R	EPORT	1							
			ESTA	BLISH	/ENT-	LEVEL	REPOF	RT							
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID		5201	20112			11 12 21		OYER N	IAME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS								ITY/TOV	WN			STATE		ZIP CC	DE
500 W MADISON S	T OTE	2800						HICAG				IL		6060	
														0000	)
SECTION C – H HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR			<u>MENT-I</u> )UARTEI						able)			
`					пеарс	-					INAME				
JT56683						Leom	inster N			Рап					
HEADQUARTERS OR ESTABLISHM		EL ADE	DRESS					ITY/TOV				STATE		ZIP CC	
1525 Central	Street						LEC	OMINS.	TER			MA		014	53
	SECTI	ON D -	EMPI		IDEN'	ΓΙΓΙCA'	TION N	NUMBE	ER (EIN	)					
	SECTION E – EMPLOYER FILING ELIGIBILITY ible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS														
VFC (Employer Is Eligibl	ible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
				•							NGERI	пов	INESS		
SE	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
YES (Single-Establishn	ent Emp	oloyer is	Federa	I Contra	ctor)	J YES (I	Multi-Es	stablishn	nent Em	ployer is	s Federa	I Contra	ctor)		
YES (	Headqua	rters is I	Federal	Contrac	tor)	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	al Contr	ractor)		
						ı-Headqı			nments i	s Federa	al Contra	actor)			
	423					INFOR Jsed) M			esalers						
	SE	ECTION	V H – V	VORKF	ORCE	DEMO	GRAPI	HIC DA	TA						
							Race/E	thnicit	у						
		oanic					Not	Hispar	nic or L	.atino					
	or L	atino			M	lale					Fen	nale			
				⊆		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		a		Native Hawaiian or Other Pacific Islander	p (	Two or More Races	
JOB CATEGORIES				Black or African American		ian Slaı	iau	Ra		Black or African American		ian Slaı	American Indian Alaska Native	Ra	Row
002 0/1120011120	<u>0</u>	Female	White	ck or Afric American	an	vai c Is	la Na	<u>ə</u>	ţ.	Black or an Amer	Asian	vai C Is	Ind	ē	Total
	Male	Ē	Ϋ́Р	or	Asian	lay Cifii	a a	₽	White	act act	\sis	ξ cii a	al	<b>₽</b>	
		Ľ.	_	A &	^	le l	rica	ō	_	E E	1	e Pa	rica	ō	
				Bla		atiy	물목	8		Ę		atiy	F F	0	
				_		žŧ	₹			_		ŽŽ	₹		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	8	0	0	0	0	0	0	0	0	0	0	0	11 0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	3	0	15	1	0	0	0	0	2	0	0	0	0	0	21
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	5	0	12	0	0	0	0	0	0	0	0	0	0	0	17

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Operatives

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100)

	or Latino		Male		emale		1					
	Hispanic			nic or Latino			1					
	SECTION	NH - WURKFUF	RCE DEMOGRAPHIC DA Race/Ethnicit				Ι					
			ts (Used) Merchant Whole									
			ICS INFORMATION									
	□ Y	<b>ES</b> (One or More	Non-Headquarters Establish	nments is Federal Con	ntractor)							
YES (	Headquarters is I	Federal Contractor)	YES (Non-Headquarter	rs Establishment is Fe	deral Contrac	tor)						
☐ YES (Single-Establishm	nent Employer is	Federal Contractor	r) <b>YES</b> (Multi-Establishn	nent Employer is Fede	eral Contracto	or)						
52			I): Not Applicable	application								
			ACTOR DESIGNATION (									
X YES (Employer Is Eligibl					R IN BUSIN	ESS						
	SECTIO		2920557 TER FILING ELIGIBILIT	v								
	SECTION D -		ENTIFICATION NUMBE	ER (EIN)								
1602 S Lafaye	ette Blvd		SOUTH BI	END	IN	4661	13					
_	HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE											
EB29983	South Bend IN - Self Service  [ABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE]											
HQ/ESTABLISHMENT-LEVEL UNIT ID			ADQUARTERS OR ESTABLIS									
SECTION C - H	EADOUARTE	RS OR ESTABLE	<u> </u> SHMENT-LEVEL IDENT	TFICATION (if app	icable)							
500 W MADISON S	ST STE 2800		CHICAG	SO	IL	6066	61					
ADDRESS			CITY/TOV	VN	STATE	ZIP CC	DDE					
AC16425			CHICAGO IL - CORPO									
OFS COMPANY ID	SECT	TON B – EMPLO	OYER IDENTIFICATION EMPLOYER N	IAME								
	GE CI											
			TYPE OF REPORT NT-LEVEL REPORT									
		`			Expirati	on Date: 11/30/	/2026					
•			EO-1 COMPONENT 1)		OMB Cont	evised 08/2023 rol Number: 30-						
	1 V MILLON I I I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			n.							

		201101		OKIKI			Race/E								
	Hisn	anic	1					Hispan		atino					
		atino			М	ale	1101	mapan	l C OI L	atiiio	Fen	nale			
	0	1				l					1 611	laic			
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	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	1	0	0	0	0	0	1	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	0	0	0	0	0	0	2	1	0	0	0	1	5
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	5	2	0	0	0	0	0	0	0	0	0	0	7
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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	0	1	7	2	0	0	0	0	3	1	0	0	0	1	15
PRIOR 2022 REPORTING YEAR TOTAL	0	0	4	1	0	0	0	0	2	0	0	0	0	1	8

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII EOTEK II	II OKW	AHO	N KEI	OKI (	EEO-1	COM	TONE	111)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHM				:T							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	fapplica	ıble)	I		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME				
FM66012						West	Fargo N	ID - KA	O Log	stics					
HEADQUARTERS OR ESTABLISHM	IENT-LEV	EL ADE	RESS				CI	TY/TOV	VN			STATE		ZIP CC	DE
830 11Th A	ve Ne						WES	ST FAF	RGO			ND		5807	78
	SECTI	ON D -	EMPI	LOYER	IDENT 052920		TION N	UMBE	R (EIN	)	l.		L		
	,	SECTIO	ON E -	EMPLO			ELIGI	BILIT	Y						
X YES (Employer Is Eligib	le to File)	□ NO	(Emple	oyer Is N	ot Eligi	ible to F	ile) 🔲	EMPL	OYER	NO LO	IGER I	N BUSI	NESS		
SI	CTION							ΓΙΟΝ (i	if applic	able)					
			_	tity ID (											
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contrac	ctor) 🔲	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federal	Contrac	ctor)		
☐ YES (	Headqua	rters is I	Federal	Contract	tor)	YES (N	Ion-Head	lauarter	s Establ	ishment	is Feder	al Contr	actor)		
				ne or Mo									,		
				ON G - N		_			illicitts i	s i cucia	Contr	ictor)			
	423			ehicle P					salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	40	le	ø	Black or African American	<b>c</b>	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Φ	Black or African American	<b>c</b>	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
	Male	Female	White	ck or Afric American	Asian	Haw	an Ir ska N	Mor	White	Black or an Amer	Asian	Haw acific	can Ir ska N	Mor	
		_		Black		lative ther P	Americ Alas	wo or		B Africa		Vative ther P	Americ Alas	wo or	
						-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	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	8	1	0	0	1	0	0	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 2023 REPORTING YEAR TOTAL	. 1	0	9	1	0	0	1	0	1	0	0	0	0	0	13
DDIOD 2022 DEDODTING VEAD TOTAL	1	0	0	1	0	0	1	0	1	0	0	0	0	0	13

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

			•	
	SECTION A - T	TYPE OF REPORT		
	ESTABLISHME	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
EB31564		Tyler TX		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
13681 Syd	dney Road	WHITEHOUSE	TX	75791
	CECTION D. EMBLOYED ID	ENTERED A TRIANGED (EIN)		

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	UKCE	DEMO	GKAPI	HC DA	1A						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	1	0	0	0	0	1	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	0	7	2	0	0	0	1	1	0	0	0	0	0	13
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	2	1	0	0	0	0	0	0	0	0	0	0	3
Laborers and Helpers	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	3	0	11	4	0	0	0	1	2	0	0	0	0	0	21
PRIOR 2022 REPORTING YEAR TOTAL	2	0	9	3	0	0	0	1	2	0	0	0	0	0	17

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-1	I COM	PONE	NT 1)					ontrol Nu ration Dat		
						E OF RI		rT							
		SECT	TION B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	S1
SECTION C - H	EADOL	ARTE	RS OR	ESTAB	LISHN	/ENT-I	EVEL	IDENT	IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	2.12									Γ-LEVEL					
MV45682							Presco	ott Valle	ev AZ						
HEADQUARTERS OR ESTABLISHN	ENT-I EV	/FL ADI	PESS					TY/TOW	<u>*                                    </u>			STATE		ZIP CC	DE
9551 E Lorna La			TKLOO				PRESC			,		AZ		863	
3331 E Edina Ed												\\Z		000	
	SECTI	ON D -	- EMPI	LOYER	IDENT 952920	TIFICA' 557	TION N	UMBE	R (EIN	)					
	:	SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligib	e to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS		
SF	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA	TION (i	if applic	able)					
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  shment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
☐ VES (Single-Establish)	nent Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
<del>-</del> · · ·	· · · · · · · · · · · · · · · · · · ·														
☐ YES	(Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
		S	ECTIO	N G - 1	NAICS	INFOR	MATIO	N							
						lsed) M									
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPE	HC DA	TA						
							Race/E		•						
		anic					Not	Hispan	ic or L	.atino					
	or L	atino		1	М	ale				1	Fer	nale		1	
						- 5		<b>,</b> 0							
				⊆		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		ᆲ		Native Hawaiian or Other Pacific Islande	ō	Two or More Races	
JOB CATEGORIES				Black or African American		ian Slaı	nerican Indian Alaska Native	Ra		Black or African American		ian	American Indian or Alaska Native	Ra	Row
002 071120011120	<u> </u>	Female	ţ	ck or Afric American	an	vai C Is	Ind	re	White	Black or	Asian	vai c l	la Nai	9	Total
	Male	E E	White	or Jer	Asian	cii a	an (a	ω	Ϋ́	acl	∖sia	ر اق	a a	₽	
		Ľ.	_	ck An	1	e Pa	rica	or	_	g B	1	Pa	rica	ō	
				3la		atj.	A A	0/		ţį		er 🚉	a A	9	
				_		žŧ	₹	_≥		•		žŧ	₹	≥	
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	0	0	1	0	0	0	0	1	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	. 0	0	1	0	0	0	0	1	1	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

	ESTABLISHMEI	NT-LEVEL REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME											
AC16425		CHICAGO IL - CORPORATE OFFICE											
ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 CHICAGO IL 60661													
SECTION C -	SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	1E										
CI07048		Salisbury NC											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
1212 We	bb Road	SALISBURY	NC	28146									
		ENTIFICATION NUMBER (EIN) 920557											
	SECTION E – EMPLOY	ER 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	51	201101	111 1	ORIGI	ORCE	DEMO		thnicity							
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	1	0	0	0	0	2	0	0	0	0	0	7
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	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	3	1	0	0	0	0	0	0	0	0	0	7
Operatives	0	0	9	2	0	0	0	0	0	0	0	0	0	0	11
Laborers and Helpers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	18	6	1	0	0	0	3	0	0	0	0	0	28
PRIOR 2022 REPORTING YEAR TOTAL	1	0	10	4	1	0	0	0	3	0	0	0	0	0	19

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENT EO TEXT	11 014.1		, ILLI	0111 (	LLO .	100111	1 01 (12)	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHM				T							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME				
JT56742								oele U							
HEADQUARTERS OR ESTABLISHN			RESS					TY/TOW				STATE		ZIP CC	
455 North Industri	<u> </u>							OOEL				UT		8407	74
					52920	557				)					
X YES (Employer Is Eligib				EMPLO oyer Is N						NO LO	NGER I	IN BUSI	NESS		
SI	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
		Uni	ique En	tity ID (	UEI):	Not App	licable								
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	Headana <sup>.</sup>	rters is I	Federal	Contract	tor)	YES (N	Ion-Head	lanarter	s Establ	ishment	is Feder	al Contr	actor)		
125	Treadqua							_					uctor)		
				ne or Mo					ments 1	s redera	1 Contra	actor)			
	423	.S 140 - M	otor V	ON G - N ehicle P	arts (U	INFOR	MATIO erchant	Whole	salers						
				VORKE											
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	.atino					
	or La	atino			M	ale					Fen	nale			
				ur T		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES		an an		اء تن		iiar Sla	diar	Ra		r eric		iiar Sla	diar	Ra	Row
	Male	Female	White	Black or African American	Asian	iva	nerican Indian Alaska Native	ore	White	Black or African American	Asian	iva Fic	nerican Indian Alaska Native	ore	Total
	Ĕ	-en	₹	r or	As	Ha aci	can	Š	₹	slac	As	Ha aci	can	Š	
		_		acl		ë ë	eri	ō		rica		ë ë	eri	ō	
				<u> </u>		Nat	Am ,	Ě		Af		Nat	Am ,	Ě	
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	5	0	0	0	0	0	0	0	0	0	0	0	5
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	1	0	15	1	0	0	0	0	0	0	0	0	0	0	17
Operatives	2	0	13	0	0	0	0	0	0	0	0	0	0	0	15
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 2023 REPORTING YEAR TOTAL	3	0	34	1	0	0	0	0	0	0	0	0	0	0	38
PRIOR 2022 REPORTING YEAR TOTAL	1	0	17	0	0	0	0	0	0	0	0	0	0	0	18

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

#### SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT

SECTION B - EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425

CHICAGO IL - CORPORATE OFFICE

ADDRESS

CITY/TOWN
STATE
ZIP CODE

500 W MADISON ST STE 2800

CHICAGO
IL

60661

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

HQ/ESTABLISHMENT-LEVEL UNIT ID

QP17346

Fairbanks AK

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN STATE ZIP CODE
3501 Lathrop Street, Suite E FAIRBANKS AK 99701

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

### SECTION E – EMPLOYER FILING ELIGIBILITY

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

#### ${\bf SECTION}\ {\bf F-FEDERAL}\ {\bf CONTRACTOR}\ {\bf DESIGNATION}\ ({\bf if\ applicable})$

Unique Entity ID (UEI): Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5E	CHON	(H – V	VORKE	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	2	0	0	0	0	0	1	0	0	0	0	0	4
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 2023 REPORTING YEAR TOTAL	1	0	2	0	0	0	0	0	1	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

2025 EMILEOTER INFORMATION REPORT (EEO-T-COMI ONEMT1)												Expir	ation Dat	e: 11/30/	2026
			SECT	ION A	- TYPl	E OF R	EPORT								
			ESTA	BLISH	/ENT-l	LEVEL	REPOR	RT							
		SECT	ION B	-EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	О			IL		6066	61
SECTION C - H	EADQU	ARTEI	RS OR									ble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES			-LEVEL	NAME				
EB31793								mulus <b>I</b>							
HEADQUARTERS OR ESTABLISHMI		EL ADD	RESS					TY/TOV				STATE		ZIP CO	
36555 Ecors	36555 Ecorse Rd ROMULUS MI									4817	74				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557															
	,	SECTIO	ON E –				ELIGI	BILIT	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emplo	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER I	NO LO	NGER I	N BUS	INESS		
SE	CTION						SIGNA' olicable	TION (	if applic	able)					
☐ <b>YES</b> (Single-Establishm	ent Emr		_	-				tablishn	nent Em	nlover is	: Federal	Contra	ctor)		
YES (F	-	•								•					
L IES (I	ieauqua				. —		iarters E	-					actor)		
						•	MATIC		iments i	s redera	i Contra	ictor)			
		140 - M	otor Ve	ehicle F	arts (U	lsed) M	erchant	Whole							
	SE	CTION	H – W	VORKE	ORCE		GRAPI								1
							Race/E								
		anic				ale	Not	Hispan	ic or L	atino	For	l -			
	or Latino Male Female														
JOB CATEGORIES	Male	emale	<b>White</b>	or African nerican	<b>∆sian</b>	Hawaiian or Icific Islander	an Indian or ka 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
Male  Female  White  Black or African  American  Asian  Native Hawaiian or Other Pacific Islander  American Indian or Alaska Native										BI Africar	•	Native I	Americ Alasi	Two or	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Executive/Senior Level Officials and Managers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

First/Mid-Level Officials and Managers

Administrative Support Workers

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

	`	,	Expirati	on Date: 11/30/2026
	SECTION A - T	TYPE OF REPORT		
	ESTABLISHMEI	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
JT56771		Grants Pass OR		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
2001 NE Foothi	Il Blvd, Suite E9	GRANTS PASS	OR	97526
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)		

952920557

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H – WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	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	1	0	1	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 2023 REPORTING YEAR TOTAL	1	0	0	0	0	0	1	0	1	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	1	0	1	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

5670 S 32nd St

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZIP CODE

85040

STATE

ΑZ

### SECTION A - TYPE OF REPORT

	ESTABLISHME	NT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425		CHICAGO IL - CORPORATE OFFICE									
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661							
SECTION C -	HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME										
DB02671		Phoenix AZ - All Models									

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

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): 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)

CITY/TOWN

**PHOENIX** 

#### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	( II – V	VOKKI	OKCE	DEMO	GKAFI	HC DA	1A						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	1	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	1	0	2	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	1	0	2	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMI LOTEKTI	I OKWI	AHO	N KEI	OKI (.	EEO-	COM	ONE	111)				Expi	ation Dat	e: 11/30/	2026
				TON A - BLISHN				:T			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	10111	22.,11	LOIL	I IDE.		OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
APPRICE					-		CY	my mou	n.			CT A TEC	-	71D CO	D.F.
ADDRESS								TY/TOW				STATE		ZIP CO	
500 W MADISON	ST STE	2800					С	HICAG	O			IL		6066	31
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME				
EB31207							Gree	enville S	SC						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
1136 White Ho	rse Roa	d					GR	EENVII	LLE			SC		2960	)5
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	)					
		CECTI	ON E	EMPLO	952920 OVED		FLICI	DII ITY	<b>1</b> 7						
X YES (Employer Is Eligible										NO LO	JCED 1	N DIE	INIESS		
											NGEK I	IN BUS	INESS		
SE	CTION							ΓΙΟΝ (i	if applic	able)					
<u>_</u>			-	tity ID (											
☐ YES (Single-Establishr	nent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (	Headaua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lauarter	s Establ	ishment	is Feder	al Contr	actor)		
(	1							_					,		
				ne or Mo		_			iments 1	s Federa	I Contra	actor)			
	1231			ON G - N ehicle P					calare						
	SF	CTION	JH – V	VORKE	ORCE	DEMO	GRAPE	IIC DA	TA						
SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
	Hisn	anic						Hispan		atino					
		atino			М	lale	1401	Пэрап		atino	Fen	nale			
	<del></del>	1				1									
						= =	_	က္		_		<u>= =</u>	_	က္	
				an		Native Hawaiian or Other Pacific Islander	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	Da
JOB CATEGORIES		o o		ri I		iia	dia	25		eric		iia	dia	25	Row
	Male	Female	White	Black or African American	Asian	∧a  c	nerican Indian Alaska Native	J.	White	Black or	Asian	×	nerican Indian Alaska Native	J.	Total
	Ma	eπ	۲	o e	۸si	Ha	an Ka	Ĕ	₹	lac n A	۸si	E A	an ka	Ĕ	
		Ľ.		A G	_	P e	ric	ō	_	B E	_	P e	ric	ō	
				339		ati, ner	a F	8		\fri		ati	₽ F	8	
				_		žŧ	₹	₽		1		žŧ	₹	₽	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0 2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	5	0	0	0	0	0	1	0	0	0	0	0	6
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives Laborers and Helpers	2	0	5 2	5 0	0	0	0	0	0	0	0	0	0	0	11 4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	3	0	14	5	0	0	0	0	2	0	0	0	0	0	24
DDIOD 2022 DEDODTING VEAD TOTAL	2	0	17	1	0	0	0	1	1	0	0	0	0	0	25

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													ation Dat		
						E OF RI LEVEL I		RT							
		SECT	TION B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	31
SECTION C - H	EADOL	ARTE	RS OR	ESTAB	RLISHN	/ENT-I	EVEL	IDENT	TFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	LIDQU	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NO OIL							Γ-LEVEL		acie)			
QP17313							Se	attle W	Α						
HEADQUARTERS OR ESTABLISHN	ENT-I EV	/FL ADI	PESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
11548 Pinehur			TILLOO					EATTL				WA		9812	
110401 Inchai							_					***		3012	
	SECTI	ON D -	- EMPI	LOYER	IDEN'I 952920	TIFICA' 557	TION N	UMBE	R (EIN	)					
	:	SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligib	e to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SI	CTION	F – FE	DERAI	L CONT	TRACT	OR DE	SIGNA'	TION (i	if applic	able)					
						Not App		(	11	,					
☐ <b>YES</b> (Single-Establish	nent Emr	olover is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishm	nent Em	plover is	Federa	1 Contra	ctor)		
<del>-</del> · · ·	-	•													
☐ YES (	Headqua	rters is	Federal	Contrac	tor)	YES (N	lon-Head	dquarter	s Establ	ıshment	is Feder	ral Contr	actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	establish	ments i	s Federa	l Contr	actor)			
						INFOR									
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H – WORKFORCE DEMOGRAPHIC DATA															
	SE	CTION	N H – V	VORKE	ORCE										1
			1				Race/E								
		anic atino			M	ale	Not	Hispan	ic or L	atino	Eor	nale			
	OI L	auno			IVI	ale				I	rei	liale			
				_		or der	ō	es		_		or der	ō	es	
100.0475.000150				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	Row
JOB CATEGORIES		<u>e</u>	ø	ck or Afric American	_	aiis	nerican Indian Alaska Native	ė.	ø	Black or	_	aii	nerican Indian Alaska Native	e F	Total
	Male	Female	White	or A eric	Asian	a Eic a	ın lı	lo.	White	ᇫ	Asian	a ≓ic a	a P	٥	
	_	B.	>	kc ₽	<	ac H	ica	-	>	Bla	⋖	e H	ica	7	
				slac ,		erl	ner Ala	Q		ļ į		er F	Ala	Į į	
				ш		윤동	An	≥		₹		윤동	A	≥	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	0	1	0	0	1	0	0	0	0	0	0	4
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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	. 0	0	2	0	1	0	0	1	0	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													ontrol Nu ration Dat		
						E OF RI					L				
						LEVEL I									
OFC COMPANY ID		SECT	TION B	<u> – EMP</u>	LOYE	R IDEN		ATION OYER N	AME						
OFS COMPANY ID					0					055105	_				
AC16425					C	HICAG	O IL - C	ORPO	RAIE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADOL	ARTE	RS OR	ESTAB	LISHN	/ENT-I	EVEL	IDENT	IFICA'	FION (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	Zi IDQU		ub OII	LOTITE	HEADQ	UARTE	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME	acie)			
QP17051								ista CA							
HEADQUARTERS OR ESTABLISHMI	ENTE LEV	/EL ADE	DECC		1			TY/TOW				STATE		ZIP CC	DE
			JKE55						VIN						
1265 Distributi	on way	/						VISTA				CA		9208	31
	SECTI	ON D -	- EMPI		IDENT 052920	FIFICA'	TION N	UMBE	R (EIN	)					
	9	SECTION	ON E -			FILING	ELIGI	RILITY	V						
X YES (Employer Is Eligible										NO LO	NGER I	IN BUS	INESS		
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
~_						Not App				,					
YES (Single-Establishm	ent Emr	olover is	Federa	l Contrac	rtor)	VES (	Multi-Est	tablishm	ent Em	nlover is	Federa	1 Contra	ctor)		
<del>-</del> · · ·	•	•													
YES (I	Headqua:	rters is l	Federal	Contrac	tor)	YES (N	Ion-Head	dquarters	s Establ	ishment	is Fede	ral Contr	ractor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
		S	ECTIO	N G - 1	NAICS	INFOR	MATIO	N							
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA															
	SE	CTION	N H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale	1			1	Fer	nale	1		
						_						_			
				_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
IOD CATECODIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Rac		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	\ac	Row
JOB CATEGORIES	ø.	Female	ø	ck or Afric American	_	aii	ndi Iati	e F	ø.	Black or an Amer	_	aii	lati	ē	Total
	Male	E	White	or A	Asian	a⊊	a P	lor	White	ck	Asian	ĕë	a P	ō	
	2	Fe	>	k c	Ä	E SE	ica	ř	>	3la an	ä	H Se	ica	2	
				lac A		N F	leri Na	0 0		ric F		N F	Na Na	00	
				<u>B</u>		the	Am /	Š		Αf		te dat	Am /	Š	
						-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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	4	1	0	0	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	4	1	0	0	0	0	0	0	0	0	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)														te: 11/30/	
			SECT	TON A	- TYP	E OF R	EPORT	ı			<u> </u>				
			ESTA	BLISH	/ENT-	LEVEL	REPOF	RT							
		SECT	ION B	В – ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	JAME						
AC16425					С	HICAG	0 IL - 0	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					С	HICAG	O			IL		6066	<b>3</b> 1
SECTION C - HI	EADOU	ARTE	RS OR	ESTAB	LISHN	MENT-I	LEVEL	IDENT	TFICA	TION (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										T-LEVEL		,			
EB31858							M	obile Al	L						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
5235 Kooiman Ro	ad Bld	g 1					TH	IEODO	RE			AL		3658	32
	SECTI	ON D -	EMPI			ΓΙΓΙCA	TION N	UMBE	ER (EIN	I)	1		I		
		SECTIO	N E		952920 OVED	FILIN(	FIC	DII IT	V						
X YES (Employer Is Eligible										NO LO	NGER I	N BUSI	INESS		
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEA	TION					Not App			п аррис	able)					
☐ YES (Single-Establishm	ent Emr	olover is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
_	☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)														
L IES (F	ieauqua							-					actor)		
									iments i	is Federa	l Contra	actor)			
	423					INFOR Jsed) M			esalers						
						DEMO									
							Race/E		•						
		anic					Not	Hispan	nic or L	_atino					
	or L	atino		1	IV	lale		1			Fer	nale	ı		
						- e	_	S				- a	_	S	
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	n or	Two or More Races	
JOB CATEGORIES		ø.		Black or African American		ija	nerican Indian Alaska Native	8		or eric		ija	American Indian Alaska Native	8	Row Total
	Male Naire More Asian As										Total				
	Ŝ	Female	₹	ck or Afric American	As	aci H	ska	Σ	₹	Black or an Amer	As	aci 포	ska	Σ	
		_		acl		<u> </u>	eri Na:	ō		ricia E		<u>ة</u> ج	la:	ō	
				面		lat	A A	ĕ		Αŧ		lat the	Am /	ĕ	
						-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	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	U	U	U	U	U	U	U	U	U	U	0	U	U	U	U

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS}\,(optional)$ 

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** 

	SECTION B - EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
AC16425	CHICAGO IL - CORPORATE OFFICE									
ADDRES	S	CITY/TOWN	STATE	ZIP CODE						
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661						
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)							
HO/ESTABLISHMENT-LEVEL UNIT ID	HE	ADOUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ							

GA29991 Nashville TN - PYP SS

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 2030 Lucas Lane **NASHVILLE** TN 37207

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	1	0	0	0	0	1	1	0	0	0	0	3
Administrative Support Workers	4	0	0	0	0	0	0	0	0	1	0	0	0	0	5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	4	1	6	2	0	0	0	0	0	0	0	0	0	0	13
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 2023 REPORTING YEAR TOTAL	8	1	7	3	0	0	0	0	1	2	0	0	0	0	22
PRIOR 2022 REPORTING YEAR TOTAL	8	0	4	1	0	0	0	0	0	1	0	0	0	1	15

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	`	,	Expirati	on Date: 11/30/2026								
	SECTION A - T	TYPE OF REPORT										
	ESTABLISHMEI	NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425	AC16425 CHICAGO IL - CORPORATE OFFICE											
ADDRESS CITY/TOWN STATE ZIP CODE												
500 W MADISO	IL	60661										
SECTION C -	SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
FM66407		Watseka IL - Geiger TruckPart										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
1489 East	Walnut St	WATSEKA	IL	60970								
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)											

95292055

#### 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): Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	) JE	CHO	111 – V	VUKKI	OKCE	DEMO									
Race/Ethnicity															
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	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	1	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	1	0	5	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	1	0	13	0	0	0	0	0	2	0	0	0	0	0	16
PRIOR 2022 REPORTING YEAR TOTAL	0	0	11	0	0	0	0	0	0	0	0	0	0	0	11

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENT EO 1 EN 1	i (i Oiti)		, , , ,	(	LLU.	00111	. 0.12	(1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A BLISHN				:T							
		SECT	'ION B	B – EMP	IOVE	R IDEN	TIFICA	TION							
OFS COMPANY ID		SECI	ION	- 151411	LOIL	KIDEN		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81
SECTION C – HO/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	QUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME													
EB31124		Jacksonville FL													
HEADQUARTERS OR ESTABLISH	MENT-I EV														DE
4101-1 Bulls E															
		CTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)													
		952920557 SECTION E – EMPLOYER FILING ELIGIBILITY													
		o File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS													
S	ECTION	TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable													
☐ YES (Single-Establish	nment Emp							tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
□YES	(Headqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lauarter	s Establ	ishment	is Feder	al Contr	actor)		
	1				. —			•		s Federa			,		
				)N G - 1						o r odora	. Come				
		140 - M	otor V	ehicle P	arts (U	lsed) Mo	erchant	Whole							
	SE	CTION	N H – V	VORKF	ORCE		GRAPI Race/E								
	Hisr	anic						Hispan	,	atino					
		atino			М	ale					Fen	nale			
						r e	L	s				r e	_	s	
100 0475000150				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	ø	a <u>e</u>	ţe.	ck or Afrio American	u	vaii	Indi Vati	ē.	ţ.	r or mer	Ę	vaii	nerican Indian Alaska Native	re F	Total
	Male	Female	White	or,	Asian	Hav	an l ka ľ	<u>S</u>	White	Black or	Asian	Hav	an I ka I	Mo	
		Ľ.	_	ack An	•	Ve	eric	ō		BI		Ve Pa	eric	or	
				B		Nati	Am	Ň		Afr		Native Hawaiian Other Pacific Islan	Am	Two	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	1	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	3	1	0	0	0	0	2	0	0	0	0	0	6
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	10	7	0	0	0	0	0	1	0	0	0	0	20
Laborers and Helpers	0	0	3	5	0	0	0	0	0	0	0	0	0	0	8
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 2	0	18	13	0	0	0	0	3	2	0	0	0	0	38
PRIOR 2022 REPORTING YEAR TOTA	L 2	0	14	12	0	0	1	0	4	2	0	0	0	0	35
I'RIOR 2022 REPORTING TEAR TOTA	·-   -			12	9	l ~	' '	•	1 -	1 - 1			J	3	55

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	IATIO	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ation Dat		
			SECT	TION A	- TYP	E OF RI	EPORT					-			
				BLISH											
		SECT		3 – EMP											
OFS COMPANY ID		SECI	ION	- ENIF	LOIE	KIDEN		OYER N	IAME						
AC16425					C	HICAG				OFFICE	=				
						IIICAO				OI I ICL					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	<b>HICAG</b>	O			IL		606	31
SECTION C - H	EADOL	IARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	TFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	ZID QU	QUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME													
FC94154		Evansville IN - Depot													
		•													
HEADQUARTERS OR ESTABLISHM															
2300 Kotter Ave	, Suite	Α					EV	ANSVII	LLE			IN		477	15
	SECTI	ON D -	EMPI	LOYER	IDEN'	<b>FIFICA</b>	TION N	UMBE	R (EIN	)					
					952920				`						
		SECTIO	ON E -	- EMPL	OYER	FILING	ELIG	BILIT	Y						
X YES (Employer Is Eligible	to File)	□NO	(Empl	over Is N	Not Elig	ible to F	ile) $\square$	EMPL	OYER	NO LO	NGER	IN BUSI	INESS		
				L CONT											
SE	JION			tity ID (				HON (	п аррис	abie)					
	_		_						_						
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (I	Multi-Es	tablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
☐ YES (I	<del>l</del> eadqua	rters is I	Federal	Contrac	tor)	YES (N	Non-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	actor)		
_ `	•			ne or Mo	. —			-					ĺ		
									iments i	s redera	u Contr	actor)			
	400	140 M	ECTIC	ON G - I	NAICS	INFOR	MATIC	)N · M/b o lo							
	423 SE	CTION	J LI V	ehicle F	ODCE	DEMO	CDADI	TIC DA	TA						
	J SE	CHO	111 - V	VOKKI	OKCE		Race/E								
	Hier								y nic or L	-4!					
		oanic atino			M	lale	NOt	піѕраг	IIC OF L	atino	For	nale			
	OI L	auno		1	IV	lale	1	I		1	rei	liale	ı		
												_ <del> </del>	_		
				⊆		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		ڇ		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
JOB CATEGORIES				Black or African American		ian	nerican Indian Alaska Native	\a		Black or African American		ian	American Indian Alaska Native	3a(	Row
JOB CATEGORIES	a)	<u>e</u>	g)	ck or Afric American	_	aii s	ndi lat	e e	gy.	Black or	_	laii s	ndi Iat	e e	Total
	Male	Female	White	eric	Asian	a ĕ	a =	5	White	장된	Asian	ĕë	n la	Į.	
	2	P.	>	3 5	ä	E S	sk		≥	3 3	Ä	a I	ca	~	
				ac		1 ≅ F	la la	0		يّ 🏻		Νĕ	eri	0	
				ॼ		lat ihe	¥ \	ĕ		Αŧ		lat the	m\	ĕ	
						<b>∠</b> 8	*	-				2 ō	1	-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

#### OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME FM66041 Moosic PA - KAO A&A HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 4801 Birney Ave MOOSIC PA 18507 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 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 Sales Workers 0 0 1 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 Craft Workers 0 1 Operatives

0 SECTION I - WORKFORCE SNAPSHOT PERIOD

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

n

0

0

5

0

0

0

0

0

0

0

0

3

0

0

0

12/10/2023 - 12/23/20

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

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

n

#### Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME QP17016 Minneapolis MN - APO HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1715 Broadway St NE **MINNEAPOLIS** MN SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or 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

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2

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

Service Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

												Expir	ration Dai	e: 11/30/	2026
						E OF RI									
			ESTA	BLISH	/ENT-I	LEVEL I	REPOR	RT							
		SECT	TION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON	CT CTE	2800						HICAG				IL		6066	
														0000	)
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
MV45743		West Hartford CT - APO  CIEVELADDRESS CITY/FOWN STATE ZID CODE													
HEADQUARTERS OR ESTABLISHM	ENT-LEV														DDE
141 South St	, Unit E	nit E WEST HARTFORD CT 06110													10
	SECTI	ECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)													
		952920557													
_		SECTION E – EMPLOYER FILING ELIGIBILITY													
		File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS													
SE	CTION							TION (i	if applic	able)					
		<u>Un</u>	ique En	tity ID (	<u>UEI)</u> :	Not App	licable								
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (	Haadana	rtore is l	Fadaral	Contrac	tor) $\square$	VEC (N	on Head	lauartar	e Ectabl	ichment	is Fada	ral Contr	actor)		
IES (	Treauqua												actor)		
			,						ments i	s Federa	l Contr	actor)			
						INFOR									
						Jsed) M									
	SE	CHO	NH – V	VORKE	ORCE	DEMO									ı
			1				Race/E								
		anic atino			M	lale	NOt	Hispan	IC OF L	atino	For	nale			
	OI L	l			IV	laie					rei	liale			
						- <del>1</del> 0	_	w				- <u>-</u>	_	w	
				E .		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES		_		Black or African American		iiar	nerican Indian Alaska Native	Ra		Black or African American		iiar	nerican Indian Alaska Native	Ra	Row
000 0111 20011120	<u>o</u>	Female	White	ck or Afric American	Asian	kai C Is	Ind	ē	White	Black or an Amer	Asian	kai C Is	la Na	ē	Total
	Male	Ę	Ş	or	\sia	ļ aβ	an ca	<b>₽</b>	Ş	acl	\Si	†a cifi	a∃ ∃	₽	
		ш	>	ck An	1	Pa	rica	ō	>	E E	4	e Pa	rica	ō	
				3la		e È	ne Ala	é		fric		e ţ	A B	é	
				ш		I SE 등	Α̈́	≥		<		울	¥	ı≛	
						_									
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	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	. 2	1	0	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

HQ/ESTABLISHMENT-LEVEL UNIT ID

QP17247

Stockton CA

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN
STATE
27 S Grant Street

STOCKTON
CA
95202

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

### 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): Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity																
		anic	Not Hispanic or Latino													
	or La	atino	Male							Female						
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	3	3	0	0	0	0	0	0	0	0	0	0	0	0	6	
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 2023 REPORTING YEAR TOTAL	3	3	0	0	0	0	0	0	0	0	0	0	0	0	6	
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

		YPE OF REPORT NT-LEVEL REPORT								
	SECTION B - EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID EMPLOYER NAME										
AC16425		CHICAGO IL - CORPORATE OFFICE								
ADDRES	S	CITY/TOWN	ZIP CODE							
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661						
SECTION C -	HEADQUARTERS OR ESTABLE	SHMENT-LEVEL IDENTIFICATION (if appl	licable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙΕ							
QP16466		Florence SC								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
210 Nort	h Irby St	FLORENCE	SC	29501						

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

#### 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): Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
Race/Ethnicity															
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	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 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII EOTEKTI	(FOKWI	AHO	N KE	OKI (	EEO-	COM	I ONE.	N1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHN				RT.			•				
		SECT	TON F	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	10111	Livii	LOIL	I IDE.		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800						HICAG				IL		6066	
			DC OD	ECT A D	T TOTTA	AENT I				TION (:	£ 1'				,
SECTION C – H	EADQU	AKIL	KS UK							Γ-LEVEL		ibie)			
EV23581						-	Dayton			LLVLL	11.1.1.1				
HEADQUARTERS OR ESTABLISHM	FNT-LEV	/FL ADD	RESS					TY/TOW				STATE		ZIP CC	DF
1751 Stanle		LLTIDL	TULDD					AYTO				OH		4540	
Tror Gank		ON D -	EMPI	LOYER						)				10 10	
		CECTI	NI E		952920		FLICI	DII ITI	57						
X YES (Employer Is Eligib				EMPLO						NO I ON	VCFD 1	N BIICI	INFCC		
											NGEK	II DUSI	uve33		
SF	CTION			L CONT tity ID (				TION (i	if applic	able)					
□ <b>v</b> mq (q; 1 E , 11; 1			-					. 1 11 1			Б.1	1.0			
☐ YES (Single-Establish		•				,							,		
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)  VES (One or More Non-Headquarters Establishments is Federal Contractor)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION															
	4231	140 - M	otor V	ehicle P	arts (U	lsed) Mo	erchant	Whole	salers						
	SE	CTION	V H – V	VORKF	ORCE										
							Race/E								
		anic				lala.	Not	Hispan	ic or L	atino	F				
	or La	atino		1	IVI	ale				1	Fer	nale			
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES		a)		ric	_	ija Isla	dia	Ra		or eric	_	ija Isla	dia	Ra	Row Total
	Male	Female	White	Black or African American	Asian	fic	nerican Indian Alaska Native	ore	White	Black or African American	Asian	awa	nerican Indian Alaska Native	ore	TOLAI
	Ĕ	l e	₹	k or	As	Ha aci	can	Ě	×	slac an A	As	aci Ha	can	Ž	
		_		acl		ë G	eri Nas	0		lica		ë G	eri	0 0	
				<u> </u>		lat	Am /	×		Αŧ		lat the	Am ,	Š	
						-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	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Professionals Tacknisians	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	3	2	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	3	2	0	0	0	0	1	0	0	0	0	0	6
DDIOD 2022 DEDODTING VEAD TOTAL	0	0	1	2	n	0	0	0	0	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023 SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI EO TEMI	\1 O14.71		, 1121	<b>O111</b> (.	LLO .	1 00111	1 0112	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A . BLISHN				?T			•				
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - I	EADQU	JARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
FC89130								Monro							
HEADQUARTERS OR ESTABLISHM		EL ADE	RESS					TY/TOW				STATE		ZIP CO	
208 Frankli	n Drive						WES	T MON	IROE			LA		7129	92
					52920	557				)					
X YES (Employer Is Eligib				• EMPLO						NO LON	NGER I	N RUSI	INESS		
	ECTION										102112				
	CHOI	Uni	ique En	tity ID (	UEI):	Not App	licable	11011 (	паррис	aoic)					
VFS (Single-Establish	ment Emr							tahlishm	ent Em	nlover is	Federal	l Contra	ctor)		
<del>_</del>	☐ 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															
	YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION														
	423·	S: 140 - M	eter W	ON G - N ehicle P	NAICS	INFOR	MATIO	N Whole	calore						
				VORKF											
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
				١		or der	or	es		n		or der	or	es	
JOB CATEGORIES		_		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 Islander	American Indian or Alaska Native	Two or More Races	Row
002 0/1120011120	Male	Female	White	ck or Afric American	Asian	wai ic Is	Ind	ore	White	Black or	Asian	wai ic Is	Ind	ore	Total
	Ma	e.	×	ner Ter	Asi	Ha SCif	anka	M	≥ F	lac n A	Asi	Ha Scif	an ka	ĭ	
		ш.		A ZK	•	δģ	eric las	ō		B	_	δģ	eric las	ō	
				ä		lati	Ame A	_ 		Afr		Vati the	Αme	ڳ	
						-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	0	0	5	0	0	0	0	0	1	0	0	0	0	0	6
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	2	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	5	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	0	0	1	3	0	0	0	0	0	0	0	0	0	0	4
Laborers and Helpers	0	0	2	1	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	_ 0	0	13	4	0	0	0	0	3	0	0	0	0	0	20
PRIOR 2022 REPORTING YEAR TOTAL	1	0	7	4	0	0	0	0	2	0	0	0	0	0	14

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMI LOTER II	II OKW	AHO	N KEI	OKI (	EEO-	COM	I ONE.	111)				Expir	ation Dat	e: 11/30/	2026
				TION A BLISHN				RT.			•				
		SECT	ION B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DF
500 W MADISON	ST STE	2800						HICAG				IL		6066	
														0000	)
SECTION C - I	IEADQU	JARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
EB31757								burgh I							
HEADQUARTERS OR ESTABLISHM			RESS					TY/TOW				STATE		ZIP CO	DDE
615 ALPHA DR								TSBUR				PA		1523	38
					952920	557				)					
X YES (Employer Is Eligib				• EMPLO over Is N						NO LOI	NGER I	N BUSI	INESS		
											TOLIC				
Si	ECTION			tity ID (				TION (I	п аррис	abie)					
□ <b>v</b> æg (g: 1 E (11:1	, F		-	-							г.				
☐ YES (Single-Establish	_	-													
☐ YES	Headqua	rters is I	Federal	Contrac	tor) 🔲	YES (N	on-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
	400			)N G – 1											
	423°	ECTION	VH – V	ehicle P VORKF	ORCE	DEMO	GRAPH	HC DA	TA						
							Race/E	thnicity	у						
	Hisp	oanic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
				_		Native Hawaiian or Other Pacific Islander	or	es		u		Native Hawaiian or Other Pacific Islander	o	es	
IOP CATECORIES				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	Row
JOB CATEGORIES	υ	Female	ஓ	ck or Afric American	<u>u</u>	vaii c Is	ndi Iat	e.	ம்	Black or	⊑	/aii	ndi Iati	ē	Total
	Male	Ĕ	White	or / eri	Asian	ĕ ĕ	ın l	No.	White	Ar	Asian	i a s	ın l	ē	
	_	굡	>	Am Am	⋖	e F Pac	ica	ı	>	Bla	⋖	Рас	ica	_	
				slac ,		er l	ner Ala	0 (		fric		er l	ner Ala	õ	
				ш		울동	Ar	≜		⋖		I SE	Ā	≥	
			<u> </u>			$oxed{oxed}$									
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	2	0	0	0	0	2
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
Administrative Support Workers	0	0	0	0	1	0	0	0	3	1	0	0	0	0	5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	10	2	0	0	0	0	0	1	0	0	0	0	13
Laborers and Helpers Service Workers	0	0	7	2	0	0	0	0	0	0	0	0	0	0	12
				0								0		0	0
CURRENT 2023 REPORTING YEAR TOTAL	_ 0	0	28	4	1	0	1	1	4	4	0	0	0	0	43
PRIOR 2022 REPORTING YEAR TOTAL	_ 1	0	27	5	1	0	1	1	5	3	0	0	0	0	44

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100)

	INFORMATION REPORT (EF		OMB Contro	ol Number: 3046-0049 n Date: 11/30/2026							
		TYPE OF REPORT									
	ESTABLISHMEI	NT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425		CHICAGO IL - CORPORATE OFFICE									
ADDRESS CITY/TOWN STATE ZIP CODE											
500 W MADISON ST STE 2800 CHICAGO IL 60661											
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	.E								
AC22112		Janesville WI - Star Auto									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
2101 Belo	it Avenue	JANESVILLE	WI	53546							
		ENTIFICATION NUMBER (EIN)									
		2920557									
<u></u>		ER FILING ELIGIBILITY									
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File)	R IN BUSINE	SS							
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>II)</u> : Not Applicable									
☐ YES (Single-Establi	shment Employer is Federal Contractor	r) <b>YES</b> (Multi-Establishment Employer is Fede	eral Contractor	)							

## 

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

SECTION G - NAICS INFORMATION
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H – WORKFORCE DEMOGRAPHIC DATA															
Race/Ethnicity															
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	11	0	0	0	0	0	2	0	0	0	0	0	13
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	9	0	0	0	0	0	2	0	0	0	0	0	11
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers	1	0	11	0	0	0	0	1	0	0	0	0	0	0	13
Operatives	3	0	24	3	0	0	0	1	0	0	0	0	0	0	31
Laborers and Helpers	2	0	6	2	0	0	0	0	0	0	0	0	0	0	10
Service Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2023 REPORTING YEAR TOTAL	6	0	63	5	0	0	0	2	6	0	0	0	0	0	82
PRIOR 2022 REPORTING YEAR TOTAL	3	0	48	2	0	0	0	1	6	0	0	0	0	0	60
TRIOR 2022 REFORMING TEAR TOTAL				WODK	EODCI			DEDIO		-		-	,	-	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENII EO I ENII	11 014.7		·	0111 (	LLO .	1 001/1	1 01 (12)	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A BLISHN				T.							
		SECT	TION B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON								HICAG				IL		6066	61
SECTION C – H	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	TABLE	IFICA'	<b>ΓΙΟΝ</b> (it Γ-LEVEL	f applica	ıble)			
FA71781					HEADQ		San Be			I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	FNT-LFV	/FL ADD	ORESS					TY/TOW				STATE		ZIP CC	DF
434 6Th S		LLTIDL	TCLOO				SAN B					CA		924	
	SECTI	ON D -	- EMPI	LOYER			TION N	UMBE	R (EIN	)					
				EMPL		FILING									
X YES (Employer Is Eligib	e to File)	□ NO	(Empl	oyer Is N	lot Eligi	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUSI	NESS		
SE	CTION	F – FEI Uni	<b>DERA</b> lique En	L CONT tity ID (	TRACT UEI):	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
☐ YES (Single-Establish	nent Emp							tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
□ YES	- Headana	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	lanarter	s Establ	ishment	is Feder	al Contr	actor)		
	☐ 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															
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers															
	SE	CTION	N H – V	VORKF	ORCE										1
	Hier	anic					Race/E	tnnicit Hispan	<u>,                                      </u>	atino					
		atino			М	ale	NOU	пэрап	lic or L	atino	Fen	nale			
						_						_			
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races	_
JOB CATEGORIES		ø	4	Black or African American	_	aiiai	nerican Indian Alaska Native	Ra		Black or African American	_	aiia Isla	American Indian or Alaska Native	Ra	Row Total
	Male	Female	White	ck or Afrio American	Asian	awa ific	n N N	lore	White	Black or an Amer	Asian	awa ific	n N N	lore	lotai
	2	Fel	>	k o	ĕ	e H	icai Iska	≥ ≥	>	Bla	ğ	e H	icaı ıska	> ≥	
				3lac		ativ er F	ner Ala	é		fric		ativ er F	ner Ala	é	
						SE	Ā	₽		•		ış ₽	Ā	≥	
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	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	4	1	0	1	0	0	0	0	0	0	0	0	0	0	6
Administrative Support Workers	1	3	1	0	0	0	0	0	1	0	0	0	0	0	6
Craft Workers	2	0	2	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	22	0	1	1	0	0	0	0	0	1	0	0	0	0	25
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 2023 REPORTING YEAR TOTAL	. 30	4	4	2	0	0	0	0	1	1	0	0	0	0	42
PRIOR 2022 REPORTING YEAR TOTAL	10	0	1	3	0	0	0	0	1	2	0	0	0	0	17

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII LOTEK II	II OKWI	AHO	N KEI	OKI (	EEO-1	COM	ONE	111)				Expir	ation Dat	e: 11/30/	2026
				TON A - BLISHM				:T							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADQU	ARTE	RS OR									ıble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				T-LEVEL	NAME				
GA30808						Spoka	ine WA			ouse					
HEADQUARTERS OR ESTABLISHM		EL ADE	RESS					TY/TOW				STATE		ZIP CC	
9212 W. Ha	llet Rd						SI	POKAN	IE .			WA		9900	)4
	SECTI	ON D -	EMPI	LOYER 9	IDENT 52920		TION N	UMBE	R (EIN	)					
		-		EMPLO			_								
X YES (Employer Is Eligib	e to File)	□ NO	(Empl	oyer Is N	ot Eligi	ible to F	ile)	EMPL	OYER	NO LO	IGER I	N BUSI	NESS		
SI	CTION							ΓΙΟΝ (i	if applic	able)					
_			_	tity ID (											
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contrac	ctor) 🔲	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federal	Contrac	ctor)		
☐ YES (	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
☐ 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															
		S	ECTIO	N G – N	NAICS	INFOR	MATIO	N							
	423	140 - M	otor V	ehicle P	arts (U	lsed) M	erchant	Whole	salers						
	SE	CTION	V H – V	VORKF	ORCE										ı
	Hier	!-	1				Race/E			-4!					
		anic atino			М	ale	NOt	Hispan	ic or L	atino	Fen	nale			
	01 2					aic					1 011	laic			
				_		Native Hawaiian or Other Pacific Islander	p e	Ses		r E		Native Hawaiian or Other Pacific Islander	p (	ses	
JOB CATEGORIES				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 Xther Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB GATEGORIES	<u>a</u>	Female	<u>te</u>	ck or Afric American	an	wai ic Is	Ind	ē	<u>i</u>	Black or an Amer	an	wai ic Is	Ind Nat	ē	Total
	Male	em	White	or ner	Asian	Ha	an ka	€	White	acl A	Asian	Hav	an ka	€	
		Ľ	_	P &	•	e Pa	rica	ō	_	BI	~	/e ł Pa	rica	ō	
				Bla		atiy	me Al	٥		Λfri		ativ	me Al	٥	
						≥ £	⋖	ŕ		_ `		Z ₽	⋖	ŕ	
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	1	0	5	0	0	0	0	1	0	0	0	0	0	0	7
Professionals	0	0	1	0	0	0	0	0	1	1	0	0	0	0	3
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	<u>0</u>
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	0	23	1	1	0	0	1	3	0	0	0	0	0	32
Laborers and Helpers	7	2	35	5	3	3	0	3	6	1	0	0	0	1	66
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	. 11	3	65	6	4	3	0	5	10	2	0	0	0	1	110
DDIOD 2022 DEDODTING VEAD TOTAL	5	2	37	5	2	0	1	5	5	0	0	0	1	1	64

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

	LOYMENT OPPORTUNITY C INFORMATION REPORT (EF	EO-1 COMPONENT 1)	OMB Contr	dard Form 100 (SF 100) evised 08/2023 rol Number: 3046-0049 on Date: 11/30/2026								
		TYPE OF REPORT										
	ESTABLISHME	NT-LEVEL REPORT										
070.001.001.00	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425		CHICAGO IL - CORPORATE OFFICE										
ADDRES	S	CITY/TOWN	STATE	ZIP CODE								
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661								
	SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HOJESTARLISHMENT LEVEL UNIT ID  HEADQUARTERS OR ESTABLISHMENT LEVEL INAME											
HQ/ESTABLISHMENT-LEVEL UNIT ID  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  ORACCIA  ORACCIA												
QP16631 Daytona Beach FL												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
825 Maso	n Avenue	DAYTONA BEACH	FL	32119								
		ENTIFICATION NUMBER (EIN) 2920557										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File)	R IN BUSIN	ESS								
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : Not Applicable										
☐ YES (Single-Establi	shment Employer is Federal Contractor	r) TYES (Multi-Establishment Employer is Feder	eral Contracto	or)								
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)												
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)												
		ICS INFORMATION										
		ts (Used) Merchant Wholesalers RCE DEMOGRAPHIC DATA										
	SECTION II - WURKFUR	CE DEMOGRAPHIC DATA										

SECTION H – WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	1	1	0	0	0	0	0	0	0	0	0	0	3
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 2023 REPORTING YEAR TOTAL	1	0	1	1	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

												Expii	ration Dat	e: 11/30/	2020
						E OF RI									
			ESTA	BLISHN	/ENT-I	LEVEL I	REPOR	RT							
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	S1
SECTION C – H			DC OD	ECT A D	T TOTTA	AENTE I				TION (:4	1:			-	
HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKIL	KS UK							Γ-LEVEL		abie)			
EV54316					TIE: ID	•	nesville				117111111111111111111111111111111111111				
						Gail				ice	-		1		
HEADQUARTERS OR ESTABLISHM			DRESS					TY/TOW				STATE		ZIP CO	
8910 Nw 131	h Street						GAI	NESVI	LLE			FL		3265	53
	SECTI	ON D -	EMPI		IDEN'	FIFICA'	TION N	UMBE	R (EIN	)					
		SECTION	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligib		-			-					NO LON	IGER I	IN BUS	INESS		
SI	CTION							TION (i	if applic	able)					
	Unique Entity ID (UEI): Not Applicable  ument Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establish	· ·														
☐ YES	(Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
_															
	YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION														
	423					Jsed) M			ealere						
	SE	CTION	JH – V	VORKE	ORCE	DEMO	GRAPI	TIC DA	TA						
		201101	111 /	· OILIII	ORCL		Race/E								
	Hisr	anic						Hispan	<u>,                                      </u>	atino					
		atino			M	lale					Fer	nale			
						ج ج	o	S		_		or der	ō	S	
				Black or African American		Native Hawaiian or Other Pacific Islande	ın c	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	e ii	Two or More Races	Row
JOB CATEGORIES		o o		fric	_	isi si	American Indian Alaska Native	8		or eri	_	Native Hawaiian Other Pacific Islan	American Indian Alaska Native	S.	Total
	Male	Female	White	ck or Afric American	Asian	Ei 🖁	E N	ore	White	Black or an Amer	Asian	Ei 🖁	ΞŽ	ore	Total
	ĕ	e.	⋛	ne c	As	Sci H	an ka	Š	Ì	lac n /	As	R Ha	san	Š	
				A Sc		ě ç	eric las	ō		<u>е</u> В		δĢ	eric las	ō	
				B		ati he	μA	۷o		₽		ati he	ĔΑ	٧o	
						z	⋖	ŕ		`		ᄝ	⋖	ŕ	
- · · · · · · · · · · · · · · · · · · ·															
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 2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0 0 0 0 0 0 0 0 1 2 0 0 0												3		
Administrative Support Workers	1 0 1 1 0 0 0 0 0 0 0 0 0 0													3	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	4	1	0	0	0	0	0	0	0	0	0	0	7
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 2023 REPORTING YEAR TOTAL	. 3	1	5	2	0	0	0	0	2	2	0	0	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

PRIOR 2022 REPORTING YEAR TOTAL

												OMB Co	Revised ontrol Nu	08/2023 mber: 30-	46-0049
				-		-	-								
			_	_			_								
		SECT	ION B	– EMP	LOYE	R IDEN			AME						
					С	HICAG				OFFICE					
DECC												CTATE		7ID CC	DE
	STF 2	2800													
			2S OR	FSTAR	I ISHN	/FNT-I				TION (i	f applie				
O	<b>J</b> QUE	AKILI	NO OK									abie)			
							Sprir	ngfield	MO						
BLISHMENT	-LEVI	EL ADD	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DE
th Oak Gro	k Grove Ave SPRINGFIELD											MO		6580	)3
SE	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
	SECTION E – EMPLOYER FILING ELIGIBILITY														
Eligible to															
SECTI	ON F							TION (	if applic	able)					
			_												
tablishment	Empl	oyer is	Federa	l Contra	ctor)	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (Head	lquart	ters is I	Federal	Contrac	tor)	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	ractor)		
									ments i	s Federa	l Contr	actor)			
4	4231								salers						
						DEMO	GRAPI	HIC DA	TA						
_									•						
					м	lale	Not	Hispar	ic or L	atino	Fer	nale			
<u> </u>	), La				141	aic					1 61	iiaic			
	Male  White  White American Asian Asian  Asian  Or More Races  White Black or can American  Asian  White Black or can American  Asian  Asian  Asian  Asian  Or More Races  White Black or can American  Asian  Asian  Or More Races								Row Total						
nagers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	DRESS ISON ST S IC - HEAI  BLISHMENT h Oak Gro  SE Eligible to  SECTI tablishment YES (Heac	DRESS ISON ST STE 2 IC - HEADQUA  BLISHMENT-LEVI h Oak Grove AV  SECTION F  tablishment Empl  YES (Headquart  4231  SEC  Hispa or La	SECTION D -  SECTION D -  SECTION D -  SECTION D -  SECTION F - FEI  Uni  tablishment Employer is  YES (Headquarters is I  Y S  423140 - M  SECTION  Hispanic  or Latino	SECTION B  SECTION B  SECTION B  SECTION B  SECTION B  SECTION ST STE 2800  IC - HEADQUARTERS OR  SECTION D - EMPI  SECTION E -  Eligible to File) NO (Emple  SECTION F - FEDERAI  Unique En  tablishment Employer is Federal  YES (Headquarters is Federal  YES (Or  SECTION H - W  Hispanic  or Latino	SECTION B - EMPLOYER  SECTION D - EMPLOYER  SECTION B - EMPLOYER  SECTION D - EMPLOYER  SECTION D - EMPLOYER  SECTION E - EMPLOYER  SECTION F - FEDERAL CONT  Unique Entity ID ( tablishment Employer is Federal Contract  YES (Headquarters is Federal Contract  YES (Headquarters is Federal Contract  SECTION G - Note The Contract  SECTION H - WORKF  Hispanic Or Latino	SECTION A - TYPE ESTABLISHMENT-I SECTION B - EMPLOYE  CO DRESS ISON ST STE 2800 IC - HEADQUARTERS OR ESTABLISHMENT-I BLISHMENT-LEVEL ADDRESS IN OAK Grove Ave  SECTION D - EMPLOYER IDENT 952920  SECTION E - EMPLOYER Eligible to File) NO (Employer Is Not Elig  SECTION F - FEDERAL CONTRACT Unique Entity ID (UEI): tablishment Employer is Federal Contractor)  YES (Headquarters is Federal Contractor)  YES (Headquarters is Federal Contractor)  YES (One or More Non SECTION G - NAICS 423140 - Motor Vehicle Parts (U SECTION H - WORKFORCE  Hispanic or Latino M	SECTION A - TYPE OF RIESTABLISHMENT-LEVEL  SECTION B - EMPLOYER IDEN  CHICAGO  ORESS  ISON ST STE 2800  IC - HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS  BLISHMENT-LEVEL ADDRESS  h Oak Grove Ave  SECTION D - EMPLOYER IDENTIFICATORY  952920557  SECTION E - EMPLOYER FILING  Eligible to File) NO (Employer Is Not Eligible to FILING  SECTION F - FEDERAL CONTRACTOR DE  Unique Entity ID (UEI): Not App  tablishment Employer is Federal Contractor) YES (INTERPRETARY OF ANTICOLOGY)  YES (Headquarters is Federal Contractor) YES (INTERPRETARY OF ANTICOLOGY)  YES (One or More Non-Headquarters) SECTION G - NAICS INFOR  423140 - Motor Vehicle Parts (Used) M  SECTION H - WORKFORCE DEMO  Hispanic Or Latino Male	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT ESTABLISHMENT-LEVEL REPORT EMPLOYER IDENTIFICATION ORESS  ISON ST STE 2800  IC - HEADQUARTERS OR ESTABLISHMENT-LEVEL O HEADQUARTER	CHICAGO IL - CORPO  ORESS  ISON ST STE 2800  CHICAG  IC - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENT  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENT  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENT  HEADQUARTERS OR ESTABLIS  Springfield	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE CHICAGO IL - CORPORATE ORESS ISON ST STE 2800 CHICAGO IC - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICA ORESS ISON ST STE 2800 CHICAGO IC - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICA ORESS ISON ST STE 2800 CHICAGO IC - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICA ORESS ISON ST STE 2800 CHICAGO IC - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICA ORESS ISON ST STE 2800 CHICAGO IC - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICA ORESS ISON ST STE 2800 CHICAGO IC - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICA ORESS ISON ST STE 2800 CHICAGO IC - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICA ORESS ISON ST STE 2800 CHICAGO IC - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICA ORESS ISON ST STE 2800 CHICAGO IC - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICA ORESS ISON ST STE 2800 CHICAGO IC - HEADQUARTERS OR ESTABLISHMENT SPRINGFIELD SPRINGFIELD SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN 952920557) SECTION F - EMPLOYER IDENTIFICATION NUMBER (EIN 952920557) SECTION F - EMPLOYER IDENTIFICATION NUMBER (EIN 952920557) SECTION F - EMPLOYER IDENTIFICATION NUMBER (EIN 952920557) SECTION F - EMPLOYER IDENTIFICATION NUMBER (EIN 952920557) SECTION F - EMPLOYER IDENTIFICATION NUMBER (EIN 952920557) SECTION F - EMPLOYER IDENTIFICATION NUMBER (EIN 952920557) SECTION F - EMPLOYER IDENTIFICATION NUMBER (EIN 952920557) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applic Unique Entity ID (UEI): Not Applicable SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable applica	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  ORESS  ISON ST STE 2800 C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (i  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (i  OBLISHMENT-LEVEL ADDRESS CITY/TOWN  HOAK Grove Ave SPRINGFIELD  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LOW  SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable tablishment Employer is Federal Contractor) YES (Multi-Establishment Employer is  YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment  YES (One or More Non-Headquarters Establishment is Federa  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino or Latino Male	SECTION A – TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B – EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  ORESS  ISON ST STE 2800  CHICAGO  IC – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if application)  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if application)  SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IS  SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  tablishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal YES (One or More Non-Headquarters Establishments is Federal Contractor) HES (Used) Merchant Wholesalers  SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino  or Latino Male Fer	MPLOYMENT OPPORTUNITY COMMISSION (EEOC)  ER INFORMATION REPORT (EEO-1 COMPONENT 1)  SECTION A - TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  ORESS  ISON ST STE 2800  CHICAGO IL  C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Springfield MO  SISHMENT-LEVEL ADDRESS  CITY/TOWN STATE  SPRINGFIELD  MO  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSI  SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  tablishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contra  YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contra  YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contra  YES (One or More Non-Headquarters Establishment is Federal Contra  YES (One or More Non-Headquarters Establishment is Federal Contra  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino  or Latino Male Female	Revised OMB Control Nu Expiration Dates Section A - Type of Report  ESTABLISHMENT-LEVEL REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  ORESS  ISON ST STE 2800  C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Springfield MO  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  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  tablishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  YES (Headquarters is Federal Contractor) YES (Multi-Establishment is Federal Contractor)  YES (Headquarters is Federal Contractor) YES (Multi-Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino  or Latino Male Female	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  SISON ST STE 2800 CHICAGO IL 6066 IC C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Springfield MO SILISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CO SISON ST STE 2800 CHICAGO IL 6066 IC C - HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Springfield MO SILISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CO SISON SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E - EMPLOYER FILING ELIGIBILITY 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 tablishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  YES (Headquarters is Federal Contractor) YES (Multi-Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino or Latino Male Female

SECTION I - WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

306 Tribble Gap Road

EEOC Standard Form 100 (SF 100) Revised 08/2023

STATE

GA

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZIP CODE

30040

## SECTION A – TYPE OF REPORT

	~	NT LEVEL DEPORT								
	ESTABLISHME	NT-LEVEL REPORT								
	SECTION B - EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
AC16425		CHICAGO IL - CORPORATE OFFICE								
ADDRES	S	CITY/TOWN	STATE	ZIP CODE						
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661						
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	olicable)							
HQÆSTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME										
QP16400 Cumming GA										

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

#### 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): 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)

CITY/TOWN

**CUMMING** 

#### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	UKCE	DEMO	GKAPI	HC DA	1A						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
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 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

U.S. EQUAL EMPLO 2023 EMPLOYER IN			N REI	PORT (	EEO-	1 COM	PONE	NT 1)				OMB Co	Revised ontrol Nu	08/2023 mber: 30- te: 11/30/	46-0049
			ESTA	TION A BLISHN	/ENT-	LEVEL	REPOF	RT							
		SECT	TON B	<b>B – EMP</b>	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					C	HICAG	O IL - C	ORPO	RAIL	OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HI	EADQU	ARTE	RS OR									ıble)	II.		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADO	QUARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
QP16125							Mish	nawaka	IN						
HEADQUARTERS OR ESTABLISHME															DDE
945 E 12th S	th Street MISHAWAKA IN 46544													14	
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)														
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER FILING ELIGIBILITY														
									_						
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ïle)	EMPL	OYER	NO LO	IGER I	N BUS	INESS		
SEC	CTION			L CON				TION (	if applic	able)					
			_	tity ID (											
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federal	l Contra	ctor)		
YES (H	leadqua	rters is I	Federal	Contrac	tor)	YES (N	Von-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
_ `	•				. —			•		s Federa			,		
				N G - 1					inicitts i	3 I cacia	Contr	ictor)			
	423			ehicle F					salers						
				VORKE											
							Race/E		•						
		anic					Not	Hispar	ic or L	.atino					
	or La	atino			N	lale		ı			Fen	nale			
JOB CATEGORIES	ø	le	go.	ck or African American	۵	e Hawaiian or Pacific Islander	ican Indian or aska Native	or More Races	<u>.</u>	Black or an American	ڍ	e Hawaiian or Pacific Islander	ndian or Jative	or More Races	Row Total
	Male	Female	White	ck or Afric American	Asian	e Haw Pacific	rican Indian aska Native	or Mor	White	Black or	Asian	e Haw Pacific	rican Indian aska Native	or Mor	

							Race/E	unnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	1	2	0	0	0	0	0	1	0	0	0	0	0	4
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 2023 REPORTING YEAR TOTAL	0	1	2	0	0	0	0	0	1	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENNI E O I ENNI	11 014.71		·	<b>O111</b> (.	LLO .	1 00111	1 0112	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A . BLISHN				?T			•				
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADQU	JARTEI	RS OR	ESTAB	LISHN	AENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
JT56870						Sarala	nd AL-ŀ			aland					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	DRESS				CI	TY/TOW	VN			STATE		ZIP CO	DDE
246-A Jacintopol	t Boulev	/ard					SA	RALA	ND			AL		3657	71
	SECTI	ON D -	EMPI	LOYER S	IDENT 952920		TION N	UMBE	R (EIN	)					
X YES (Employer Is Eligib				• EMPLO						NO LON	NGER I	N BUSI	INESS		
SE.	CHON	Uni	ique En	tity ID (	UEI):	Not App	licable	11011 (	паррис	aoic)					
VFS (Single-Establish	ment Emr							tablichm	ent Em	nlover ic	Federal	l Contra	ctor)		
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  lishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  ES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES (	Headqua	rters is I	Federal	Contract	tor)	YES (N	lon-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
	Unique Entity ID (UEI): Not Applicable shment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
	400	S.	ECTIO	ONG-N	NAICS	INFOR	MATIO	N	aalara						
				ehicle P VORKF											
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
				_		or der	or	es		u u		or der	or	es	
JOB CATEGORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB GATEGORIES	<u>e</u>	Female	White	ck or Afric American	Asian	wai ic Is	Ind	ıre	White	Black or	Asian	wai ic Is	Ind Nat	ē	Total
	Male	e l	Ν	o Je	Asi	Ha⊓	an ka	Wo	Ν	acl A	Asia	Ha	an	Š	
		Ľ.	_	A	`	Pa Pa	ric	or		Bl	_	Pa Pa	aric asl	ō	
				Bla		atiy	me Al	٧o		Λŧri		ativ	me Al	٥	
						z g	•	ŕ				Ζŏ	⋖	ŕ	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	7	2	0	0	0	0	1	0	0	0	0	0	10
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 2023 REPORTING YEAR TOTAL	. 0	0	10	2	0	0	0	0	1	0	0	0	0	0	13
PRIOR 2022 REPORTING YEAR TOTAL	1	0	11	3	0	0	0	0	1	0	0	0	0	0	16

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZIP CODE

78401

STATE

TX

### SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** 

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

2310 Joyce Dr

	2017(32101111121	111 EE 1 EE 1 (E1 () (1 ()										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425 CHICAGO IL - CORPORATE OFFICE												
ADDRESS CITY/TOWN STATE ZIP CODE												
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E									
EB31573		Corpus Christi TX										

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

#### 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): 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)

CITY/TOWN

**CORPUS CHRISTI** 

#### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

		C1101		OKIKI			Race/E								
	Hisp	anic						Hispan		atino					
		atino			М	ale		Порин		u	Fen	nale			
	<u> </u>	1				1						laio			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	3	2	0	1	0	0	0	0	0	0	0	0	0	0	6
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3
Laborers and Helpers	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	9	3	1	1	0	0	0	0	0	0	0	0	0	0	14
PRIOR 2022 REPORTING YEAR TOTAL	3	1	1	1	0	0	0	0	0	0	0	0	0	0	6

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

												Expii	ation Dat	c. 11/50/	2020
			SECT	TION A	- TYP	E OF R	EPORT								
			ESTA	BLISH	/ENT-I	LEVEL	REPOR	RT							
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	IAME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800						HICAG				IL		6066	
			DC OD	TOTAL D	T TOTTA	ATTAIN T				TION	C 1:				
SECTION C – I HO/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	KS OK							TTON (1 Γ-LEVEL		ible)			
`					пеарс	(UAKIE				I-LEVEL	NAME				
EB31510							Ph	oenix A	\Z						
HEADQUARTERS OR ESTABLISHM	MENT-LEV	EL ADI	DRESS				C	TY/TOV	VN			STATE		ZIP CC	DDE
5670 S 32N	d Street						Р	HOEN	IX			AZ		8504	40
	SECTI	ON D -	- FMPI	LOYER	IDEN	CIFICA	TION N	HIMRE	'R (FIN	)	ı				
	SECTI	ON D	- ISIVII I		952920		HONN	OWIDE	K (EH)	,					
		SECTION	ON E -	- EMPL			ELIG	BILIT	Y						
VFS (Employer Is Eligib										NO I O	NCFRI	N RIISI	NFCC		
	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
SI															
_	<u>Unique Entity ID (UEI)</u> : Not Applicable														
☐ YES (Single-Establish															
☐ YES	Headqua	rters is l	Federal	Contrac	tor)	YES (N	lon-Hea	dguarter	s Establ	ishment	is Feder	al Contr	actor)		
_	` .				. —			-					,		
				ne or Mo		•			iments i	s redera	ii Contra	actor)			
	400			ON G - I											
				ehicle P VORKF											
	J SE	CHO	111 - 1	VOKKI	OKCE		Race/E								
	Uion	ania	1					Hispan	•	otin o					
		oanic atino			M	ale	NOt	піѕраг	IIC OF L	atino	For	nale			1
	01 1				IV	aic		1		1	1 61	liaic	1		
						- <del>0</del>		"				- 6		10	
				Ę		o b	ō	ĕ		a		o b	o o	ë	
JOB CATEGORIES				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 Islander	American Indian Alaska Native	Two or More Races	Row
002 020020	<u>o</u>	Female	ŧ.	ck or Afric American	ur.	kai C.IS	la Aa	ē	White	Black or an Amer	Asian	vai c ls	Ind	re	Total
	Male	Ĕ	White	or	Asian	da Cifi	a l	₽	Ä	A ac	Sisi	E ja	an ca l	٩	
	-	ш	>	A P	٩	e F Pa	35 45	<u> </u>	>	BE	٩	e F	ica ask	٦.	
				la (		e ţ	A Bel	Õ		Ę		e ţ	Ala	Õ	
				ш		B 등	Ā	_≥		₹		물물	An	≥	
												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	3	0	5	0	0	0	0	1	1	0	0	0	0	0	10
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	14	2	22	2	1	1	1	0	0	0	0	0	0	1	44
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers Operatives	3	1	7	1	0	1	0	0	2	0	0	0	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Laborers and Helpers Service Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

#### Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME GA30458 Chicago IL Wheel Plant HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 5328 W 123rd PI **ALSIP** 60803 IL SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 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 Sales Workers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Administrative Support Workers 1 0 0 0 0 0 0 0 0 0 0 0 0 Craft Workers 0 0 0 0 0 0 0 0

0 SECTION I - WORKFORCE SNAPSHOT PERIOD

0

0

0

0

4

0

6

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

1

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

n

0

15

20

3

10

0

0

11

0

0

0

0

0

0

2

12/10/2023 - 12/23/20

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

Operatives

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Dat										
				-		E OF R	-				ı												
						LEVEL																	
OFC COMPANY ID		SECT	TION E	3 – EMP	LOYE	R IDEN		ATION OYER N	AME														
OFS COMPANY ID AC16425					_	HICAG				OFFICE													
						HICAG				OFFICE			-										
ADDRESS		0000						TY/TOV															
500 W MADISON S								HICAG						6066	51								
SECTION C – HI HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	JARTE	RS OR	ESTAB	LISH	<b>MENT-I</b> QUARTE	LEVEL	IDENT	IFICA'	TION (i	f applica	able)											
QP16380					HEAD	QUARTE				I-LEVEL	NAME												
								anooga					-										
HEADQUARTERS OR ESTABLISHMI			DRESS					TY/TOV															
6234 Perimeter Dr	, Unit G	104					СНА	TTANC	OGA			IN		374	16								
	SECTI	ON D -	EMPI		IDEN'	TIFICA' 0557	TION N	UMBE	R (EIN	)													
	SECTION E – EMPLOYER FILING ELIGIBILITY  et o File) \( \sum \) NO (Employer Is Not Eligible to File) \( \sum \) EMPLOYER NO LONGER IN BUSINESS																						
X YES (Employer Is Eligible	e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)																						
SEC	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable																						
_			-	-																			
☐ YES (Single-Establishm	_	-																					
YES (I	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	lon-Head	dquarter	s Establ	ishment	is Feder	ral Contr	ractor)										
									ıments i	s Federa	l Contra	actor)											
	423					INFOR Jsed) M			salers														
						DEMO																	
							Race/E	thnicit	у														
		anic			_		Not	Hispan	ic or L	.atino													
	or L	atino		1	IV	lale	1	l		ı	Fer	nale	1										
				_		or der	ъ	es		_		or der	ъ	es									
IOD OATEOODIEO				car		an lan	an	\ac		<u>8</u>		a a	an	Sac	Row								
JOB CATEGORIES	O	ale .	ā	Afri car	⊑	vaii	ndi	le F	ē	ner or	<u>u</u>	vaii	ndi Aati	le F	Total								
	Male	Female	White	ck or Afric American	Asian	da (jii	an l	Θ	White	Black or	Asian	da da	an l	Θ									
		ш	_	Black or African American	1	P a	nerican Indian Alaska Native	ō	_	Black or African American	1	Pa Pa	aric	ō									
				Bla		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Afri		STATE ZIP CODE TN 37416  CR IN BUSINESS  deral Contractor) cderal Contractor) charactor) contractor)  Female    Description   De											
						2 g	٩	-				2 g	٩										
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								

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	OKW	IATIO	NKEI	OKI (	EEO-	I COM	PONE	N1 1)					ation Dat		
			SECT	TON A	- TYP	E OF R	EPORT								
			ESTA	BLISH	ΛENT-I	LEVEL	REPOF	RT							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID								OYER N	IAME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	Ю			IL		6066	61
SECTION C – HI			PS OR	FSTAR	I ISHN	AENT-I	FVFI	IDENT	TEICA	TION (i	f annlica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	ADQC	AKIL	NO OIL	ESTAD		UARTE						uoic)			
PA92645					`			lings M							
HEADQUARTERS OR ESTABLISHME	NT LEV	/EL ADE	DECC					ITY/TOV				STATE	1	ZIP CC	IDE .
926 3rd Ave		EL ADL	KESS					ILLING				MT		5910	
												IVII		3310	71
	SECTI	ON D -	EMPI			FIFICA'	TION N	IUMBE	CR (EIN	)					
	952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  ole to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
VEC (Formion of File in	SECTION E – EMPLOYER FILING ELIGIBILITY e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
		to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)													
SEC	to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
	_	TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)													
YES (Single-Establishm	ent Emp	oloyer is	Federa	I Contra	ctor)	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	I Contra	ctor)		
☐ YES (F	Ieadqua	rters is I	Federal	Contrac	tor) 🔲	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		$\prod Y$	ES (O	ne or Mo	ore Non	-Headqı	arters E	Establish	nments i	s Federa	l Contra	actor)			
						INFOR									
						Jsed) M									
	SE	ECTION	V H – V	VORKE	ORCE	DEMO									ı
							Race/E		•						
		oanic					Not	Hispar	nic or L	atino					
	or L	atino		1	IV	lale	1			1	Fen	nale	1		
						- P	L	w				- <u>-</u>	_	w	
				a		Native Hawaiian or Other Pacific Islander	n or	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races	
JOB CATEGORIES		o.		Black or African American		iial	American Indian Alaska Native	R		r is		iial	American Indian Alaska Native	Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	wa ic I	E S	ore	White	Black or an Amer	Asian	wa Ic I	Na Na	ore	lotai
	ĕ	e.	₹	Je G	As	E Ha	ika ka	Š	Ì	lac n A	As	E Ha	san	Š	
		_		act		j j	eric	ō		<u>а</u> ё		ě ď	eric	ō	
				՝		lat the	٦ إ	ĕ.		Αŧ		lat the	MM ✓	_ĕ.	
						- 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	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	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

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Craft Workers

Service Workers

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Operatives

U.S. EQUAL EMPLO 2023 EMPLOYER IN													andard F Revised ontrol Nu ation Da	08/2023 mber: 30-	46-0049
				TION A BLISHN											
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		SEC.	10111	22,111	LOIL	K IDE.		OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S								HICAG				IL		6066	S1
SECTION C – HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME				
FM66654						Fort	Wayne	IN - S	elf Serv	/ice					
HEADQUARTERS OR ESTABLISHME														DE	
4820 Moeller	r Road FORT WAYNE IN 46800													)6	
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
		SECTION	ON E -	EMPL			ELIG	BILIT	Y						
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	IGER I	IN BUS	INESS		
SEC	CTION			L CONT				TION (	if applic	able)					
YES (Single-Establishm	ent Emr		_	<u>tity ID (</u> 1 Contra				tahlishn	nent Em	nlover is	Federa	1 Contra	ctor)		
YES (F	-	-													
☐ IES (F	icauqua				. —			•		s Federa			actor)		
			,	)N G - I											
				ehicle F											
	SE	CCTION	N H – V	VORKE	ORCE										l
	Hier	!-					Race/E			-4!					
		anic atino			М	ale	NOt	Hispar	IIC OF L	atino	Fer	nale			
	<u> </u>	1				1						1			
JOB CATEGORIES	Male	Female	White	ick or African American	Asian	ve Hawaiian or Pacific Islander	rican Indian or aska Native	or More Races	White	Black or can American	Asian	e Hawaiian or Pacific Islander	rican Indian or aska Native	or More Races	Row Total
				ວຼ ₹		A G	<u> </u>	0		<u>ت</u> س		ē Ģ	<u> </u>	0	l

							Race/E	thnicity	y					ļ	1
	Hisp	anic					Not	Hispan	ic or L	atino					1
	or L	atino			М	ale					Fen	nale			1
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	1	0	0	0	0	0	2	0	0	0	0	0	4
Administrative Support Workers	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	0	0	3	1	0	0	0	0	2	0	0	0	0	0	6
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 2023 REPORTING YEAR TOTAL	0	1	6	1	0	0	0	0	5	1	0	0	0	0	14
PRIOR 2022 REPORTING YEAR TOTAL	2	0	4	1	0	0	0	0	3	1	0	0	0	0	11

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLO 2023 EMPLOYER IN										OMB Co	Revised ontrol Nu	08/2023	46-0049
		SECTION A		-	_	т.							
		ION B – EM			_								
OFS COMPANY ID	SECI	ION B - EM	LOIEN	IDEN		OYER N	AME						
AC16425			CH	HICAGO	D IL - C	ORPO	RATE C	FFICE					
ADDRESS					CI	TY/TOW	VN			STATE		ZIP CC	DDE
500 W MADISON S	ST STE 2800				С	HICAG	0			IL		6066	61
SECTION C - HI	EADQUARTE	RS OR ESTA								ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID			HEADQU	JARTEF				LEVEL N	IAME				
QP16932													
HEADQUARTERS OR ESTABLISHMI													
4285 Camp But													
	SECTION D -		9529205		TION N	UMBE	R (EIN)						
	SECTIO	ON E – EMPI	OYER F	ILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File) 🔲 NO	(Employer Is	Not Eligib	ole to Fi	ile)	EMPLO	OYER N	O LON	GER I	N BUSI	NESS		
SEC	CTION F – FEI	DERAL CON que Entity ID				ΓΙΟΝ (i	if applica	ble)					
YES (Single-Establishm		-				tablishm	nent Emp	loyer is F	Federal	Contrac	ctor)		
□ VFS (I	Headquarters is I	Federal Contra	ctor) 🗆 🕽	VFC (N	on-Head	lauarter	e Fetablic	hment is	Feder	al Contr	actor)		
	· _	ES (One or M	. —			•					uctor)		
		ECTION G -											
		otor Vehicle											
	SECTION	H – WORK	FORCE I		_								
						thnicity	•						
	Hispanic or Latino		Ma	مام	Not	Hispan	ic or La	tino	Fen	nalo			
	Ji Latillo		ivia	ue.					1 611	iaie			1
IOR CATEGORIES		ican		ian or slander	ian or ive	Races		rican		ian or slander	ian or ive	Races	Row

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
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 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

												Expir	ation Dat	e: 11/30/	2026
				TON A - BLISHN				т			•				
		CECT		B – EMP											
OFS COMPANY ID		SECI	IONE	- ENIF	LUIE	KIDEN		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADQU	ARTE	RS OR	<b>ESTAB</b>	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME				
GA31044						Exet	er PA -	KAO C	Operation	ons					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADI	ORESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
44 Tunkhann	ock Ave						E	XETE	3			PA		1864	13
	SECTI	ON D -	-EMPI	LOYER	IDENT 052920		TION N	UMBE	R (EIN	)	•				
	;	SECTION	ON E -	EMPL			ELIGI	BILIT	Y						
X YES (Employer Is Eligibl	e to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUSI	INESS		
SE	CTION			L CONT				ΓΙΟΝ (i	if applic	able)					
☐ <b>YES</b> (Single-Establishm	nent Emr							tablishm	nent Em	nlover is	Federa	l Contra	ctor)		
☐ YES (	-	•													
_ IES (	neauqua				-	,		•					actor)		
				ne or Mo					ments 1	s redera	1 Contra	ictor)			
		140 - M	lotor V	ehicle P	arts (U	lsed) M	erchant	Whole							
	SE	CTION	N H – V	VORKF	ORCE										ı
							Race/E		<u>,                                      </u>						
		anic atino			М	ale	NOt	Hispan	IC OF L	atino	Fen	nale			
	<u> </u>														
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	<b>D</b>
JOB CATEGORIES		ø		Black or African American	_	uiia Isla	nerican Indian Alaska Native	Ra	_	Black or African American	_	aiia Isla	nerican Indian Alaska Native	Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	awa fic	i ž	ore	White	Black or an Amer	Asian	awa fic	i i	ore	Total
	Ž	Fe	₹	k o	As	aci H	car	Σ	₹	slac an /	As	aci E	car	Σ	
		_		acl		F F	eri	ō		E S		r e	eri	ō	
				8		lat the	Am /	Ž		₽ŧ		Vat the	Am /	Ž	
						- 0	,					-0	,	•	
Executive/Senior Level Officials and Managers	0	0	20	0	0	0	0	0	3	0	0	0	0	0	23
First/Mid-Level Officials and Managers	0	0	28	0	0	0	0	0	15	0	0	0	0	0	43
Professionals Tack distance	0	0	41	1	0	0	0	0	34	1	0	0	0	1	78
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	20 11	0	0	0	0	0	13 30	0	0	0	0	0	35 42
Craft Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	1	0	41	1	0	0	0	1	0	0	0	0	0	0	44
Laborers and Helpers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Service Workers	0	4	6	0	0	0	0	0	21	1	0	0	0	0	32
CURRENT 2023 REPORTING YEAR TOTAL	2	5	178	2	0	0	0	1	116	3	0	0	0	1	308
		I							I						
PRIOR 2022 REPORTING YEAR TOTAL	0	0	122	2	0	0	0	1	42	1	0	0	0	0	168

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

#### OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB31023 Dothan AL HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 2700 Reeves Street **DOTHAN** 36303 AL SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA

							Race/E	thnicit	y					ļ	
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	3	1	0	0	0	0	0	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

		YPE OF REPORT											
	ESTABLISHME	NT-LEVEL REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME											
AC16425		CHICAGO IL - CORPORATE OFFICE											
ADDRESS CITY/TOWN STATE ZIP CODE													
500 W MADISON ST STE 2800 CHICAGO IL 60661													
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙΈ										
EP38545		Austin TX - AFAS											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
7900 South Co	ngress Avenue	AUSTIN	TX	78745									
		ENTIFICATION NUMBER (EIN) 920557											
	SECTION E - EMDLOY	TED FILLING ELICIDII ITV											

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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	O.L	201101	111 /	VOKKI	ORCE										
							Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	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	2	0	0	0	0	0	0	0	1	0	0	0	0	0	3
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	0	2	0	0	0	0	0	0	0	0	0	0	3
Administrative Support Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	3	0	2	2	0	0	0	1	0	0	0	0	0	0	8
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 2023 REPORTING YEAR TOTAL	6	1	4	5	0	0	0	1	1	0	0	0	0	0	18
PRIOR 2022 REPORTING YEAR TOTAL	1	0	2	1	0	0	0	0	1	1	0	0	0	0	6

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INI	FORM	[ATIO]	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
			SECT	TON A	– TYP	E OF RI	EPORT					-			
			ESTA	BLISHN	ΛΕΝΤ-Ι	LEVEL	REPOR	RT							
		SECT		- EMP											
OFS COMPANY ID		SECI	ION	- ENII	LOIL	KIDEN		OYER N	AME						
AC16425					C	HICAG				OFFICE	•				
						1110/10				011101	-				
ADDRESS								TY/TOW				STATE		ZIP CC	
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HE	EADOU	ARTEI	RS OR	ESTAB	LISHN	AENT-I	EVEL	IDENT	IFICA	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	Γ-LEVEL	NAME	•			
CI07050							Mano	chester	TN						
HEADQUARTERS OR ESTABLISHME	NT LEV	/EL ADD	DECC				C	TY/TOW	/NI			STATE		ZIP CC	DE
			KESS					NCHES				TN		373	
3055 Hillsboro F	ngnwa	y					WAI	NCHE3	IEK			IIN		3/3	00
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	)					
					952920										
				EMPL											
X YES (Employer Is Eligible	to File)	☐ NO	(Emple	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SEC	TION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA'	TION (i	if applic	able)					
520	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Uni	que En	tity ID (	UEI):	Not App	licable		т аррто	4010)					
VFS (Single Establishme	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
	ent Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES (H	leadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	ractor)		
		$\square$ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	Establish	ments i	s Federa	l Contra	actor)			
				N G - 1		_									
	423	140 - M	otor V	ehicle P	arts (L	Ised) M	erchant	Whole	salers						
	SE	CTION	I H – V	VORKF	ORCE										
							Race/E	thnicit	y						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale	1	1		1	Fer	nale	1	ı	
						_						_			
				_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
100 0475000150				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	ac		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	ac	Row
JOB CATEGORIES	4	<u>e</u>	Ð	ck or Afric American	_	aii	ati	e E	a)	Black or an Amer	_	aii	ndi ati	e R	Total
	Male	Female	White	r A	Asian	a w	= Z	<u> </u>	White	Ş.₽	Asian	a∝	<u>                                    </u>	<u>o</u>	
	2	Fe	≥	ko	¥	H S	Ska	_ ≥	≥	3la	¥	E S	Ska	2	
				ac		i e	eri Na	0		H .5		i e	eri Na	0 0	
				<u>B</u>		the	₩,	Įš		₹		lat the	₩,	ĕ	
						- 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	0	0	11	0	0	0	0	0	1	0	0	0	0	0	12
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Administrative Support Workers Craft Workers	3	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Operatives	1	0	38	1	0	0	0	0	1	0	0	0	0	0	41
Laborers and Helpers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII EOTEKTI	(FORM	AHO	N KEI	OKI (.	EEO-	COM	ONE	111)				Expi	ation Dat	e: 11/30/	2026
								:T							
		SECT	TON B	- EMP	LOVE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	10111	Livii	LOIL	K IDEI			AME						
AC16425					C	HICAG				OFFICE					
ADDRESS					-		CY	my mou	n.			CT A TEC		71D CO	D.F.
ADDRESS															
500 W MADISON	ST STE	2800					С	HICAG	O			IL		6066	61
	EADQU	ARTEI	RS OR	<b>ESTAB</b>	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME				
HF14825						Mt				ell .					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DDE
4631 Cama	rgo Rd						MT.	STERL	ING			KY		4035	53
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)					
	5	SECTIO	ON E -	EMPLO	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligib	e to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LON	NGER I	IN BUS	INESS		
SE	CTION							ΓΙΟΝ (i	if applic	able)					
			-												
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contrac	ctor) 🔲	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
□ ves/	Headana	rtere ie I	Sederal	Contract	tor)	VFS (N	on-Head	lauarter	e Fetabl	ichment	ic Feder	al Contr	actor)		
IES	rreauqua							_					actor)		
						_			ments i	s Federa	l Contra	actor)			
	4231								salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	lale					Fen	nale			
JOB CATEGORIES	Male	Female	White	ack or African American	Asian	ve Hawaiian or r Pacific Islander	erican Indian or Jaska Native	or More Races	White	Black or ican American	Asian	ve Hawaiian or r Pacific Islander	erican Indian or Jaska Native	or More Races	Row Total
				B		Nati Othe	Am	Τw		Afı		Nati Othe	Am	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	3	0	0	0	0	0	0		0	0	0	0	3
Professionals		_	_		_	_		0	0	0				_	0
Technicians Sales Workers							_								0
Administrative Support Workers	READQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)														0
Craft Workers	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIPCOL 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 MIT STERLING MIT STERLING MIT STERLING SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920567  SECTION E - EMPLOYER FILING ELIGIBILITY Ide to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS ECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity Not Hispanic or Latino  O														3
Operatives				0			1					0		0	14
Laborers and Helpers						1									0
Service Workers		0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	. 0	0	19	0	0	0	1	0	0	0	0	0	0	0	20
DRIOR 2022 REPORTING VEAR TOTAL	0	n	17	0	n	0	1	0	0	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWI LOTEKT	AI OKW	AHO	IN INE	OKI (	EEO-	COM	ONE	111)				Expir	ation Dat	e: 11/30/	2026
				TION A · BLISHN				:T			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800						HICAG				IL		6066	
			DG 0.D	TOT 1 T						TT 0 3 7 //					
SECTION C – I HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	KS OK							ΓΙΟΝ (11 Γ-LEVEL		ible)			
EB31692					TILADQ		npa FL				1 17 LIVIL				
						Tan	•			451					
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOW				STATE		ZIP CC	
3104 Cherry Palm	•		ELEDI	OVED	TDEN III	DIET CA		TAMPA				FL		336′	19
					952920	557				)					
X YES (Employer Is Eligib				EMPLO over Is N						NO LON	NGER I	N BUSI	NESS		
	ECTION														
~				tity ID (						,					
☐ <b>YES</b> (Single-Establish	ment Emr	olover is	Federa	l Contrac	ctor)	YES (	Multi-Est	tablishm	nent Em	plover is	Federal	Contrac	ctor)		
<del>_</del> · · •	-														
☐ YES	(Headqua	rters is l	Federal	Contrac	tor)	YES (N	on-Head	iquarter	s Establ	ishment	is Feder	al Contr	actor)		
						_			ments i	s Federa	l Contra	ctor)			
	423 <sup>-</sup>			ON G - N ehicle P					salers						
	SF	ECTION	V H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
						or der	or	S		,		or der	or	S	
				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u>o</u>	a)	ck or Afric American	ľ	aii s	nerican Indian Alaska Native	e E	a)	or ieri	_	aiia	nerican Indian Alaska Native	e K	Total
	Male	Female	White	r A	Asian	aw	- K	<u>ö</u>	White	Black or an Amer	Asian	aw	- K	<u>ö</u>	
	Σ	ē	>	ko	Ą	ac H	car	Σ	>	3la	¥	H ac	car	Σ	
				lac A		i e	eri Na	0		rië E		ive Pr	leri Na	0	
				<u>B</u>		the the	Am,	Š		Αŧ		\at the	Am,	≥	
						- 6	·	•				- 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	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	3
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	<u> </u>	0	5	0	0	0	0	0	2	0	0	0	0	0	7
PRIOR 2022 REPORTING YEAR TOTA	<u> </u>	0	3	0	0	0	0	0	2	0	0	0	0	0	6

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

#### SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT

ESTABLISHMENT-LEVEL REPORT
SECTION R - FMDI OVER IDENTIFICAT

	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
QP16158		Chicago IL - APO		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
4500 W Ch	nicago Ave	CHICAGO	IL	60651

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	51		111 ,	ORIGI	ORCE	DEMO		thnicity							
								•	,						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	2	1	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII EOTEK II	II OKW	AHO	N KEI	OKI (	EEO-	COM	ONE	111)				Expir	ation Dat	e: 11/30/	2026
				TION A · BLISHN				:T			•				
		SECT	ION B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	S1
			00.00	TOT 1 T						TT 0 3 7 //					
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	AKTE	KS OK							ΓΙΟΝ (11 Γ-LEVEL		ible)			
HF15068					TILADQ	•	Newna			I-LEVEL	IVAIVIL				
HEADQUARTERS OR ESTABLISHM		EL ADE	DRESS					TY/TOW				STATE		ZIP CO	
32 Dart F								EWNA				GA		3026	55 
					952920	557				)					
X YES (Employer Is Eligib		-		EMPLO over Is N	-					NO LON	NGER I	N BUSI	NESS		
	CTION														
				tity ID (						,					
☐ <b>YES</b> (Single-Establish	nent Emr	lover is	Federa	l Contrac	ctor)	YES (	Multi-Est	tablishm	ent Em	plover is	Federal	Contrac	ctor)		
_ , ĕ	•	•				,							,		
☐ YES (	Headqua	rters is I	ederal	Contrac	tor) 📙	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
						_			ments i	s Federa	l Contra	ctor)			
	423			ON G - N ehicle P					salers						
				VORKF											
							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
						r je	_	Ś				r ler	_	ģ	
				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	_	<u>o</u>	a.	fric		aiia	nerican Indian Alaska Native	ΩŽ	<b>a</b>	or ieri	_	aiia Isla	nerican Indian Alaska Native	ď	Total
	Male	Female	White	ck or Afric American	Asian	#ic	ΞŽ	o <u>r</u> e	White	Black or an Amer	Asian	awa ific	드	O.	10.0.
	Σ	Fe	⋝	me Ko	As	aci H	car	Σ	⋝	slac an /	As	H2 aci	car ska	Σ	
		_		acl		<u>ة</u> ج	eri	ō		i E		ive r P	eri Na:	ō	
				B		lat the	MM A	ĕ		ĄĮ		lat the	MM ₽	ĕ	
						- 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	0	0	6	0	0	0	0	0	1	0	0	0	0	0	7
Professionals	0	0	6	0	0	0	0	1	0	0	0	0	0	0	7
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2
Administrative Support Workers Craft Workers	0	0	5 0	0	0	0	0	0	0	0	0	0	0	0	7
Operatives	2	1	23	44	1	0	0	2	6	11	0	0	0	1	91
Laborers and Helpers	0	0	6	12	0	0	0	0	5	6	0	0	0	0	29
Service Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
CURRENT 2023 REPORTING YEAR TOTAL	. 2	1	46	57	1	0	0	3	16	18	0	0	0	1	145
PRIOR 2022 REPORTING YEAR TOTAL	0	0	11	12	0	0	0	0	4	6	0	0	0	1	34

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWI LOTEKT	AT OKW	AHO	IN INIT	OKI (	EEO-	COM	TONE	111)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHN			-	:T			•				
		SECT	TION E	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800						HICAG				IL		6066	
			DG 0D	TOT 1 T						TT 0 3 7 //					
SECTION C - I HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	KS OK							ΓΙΟΝ (11 Γ-LEVEL		ible)			
EB31151					TILADQ	OMMILI		over W		I-DL V LL	1 17 LIVIL				
HEADQUARTERS OR ESTABLISH		EL ADE	DRESS					TY/TOW				STATE		ZIP CC	
3100 Patto								LOVE				WI		5446	57
					952920	557				)					
X YES (Employer Is Eligib				EMPLO						NO LON	NGER I	N BUSI	NESS		
	ECTION														
3.	ECTION			tity ID (				11011 (	паррис	aute)					
YES (Single-Establish	mont Emr		-	-				tobliche	ont Em	nlover is	Endoral	Control	otor)		
_	•					,									
☐ YES	(Headqua	rters is l	Federal	Contrac	tor)	YES (N	lon-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	ctor)			
		S	ECTIO	N G - 1	NAICS	INFOR	MATIO	N							
				ehicle P											
	SF	ECTION	N H – V	VORKF	ORCE										
							Race/E								
		oanic					Not	Hispan	ic or L	atino					
	or La	atino		1 1	M	ale	1			1	Fen	nale			
				_		Native Hawaiian or Other Pacific Islander	or	es		_		Native Hawaiian or Other Pacific Islander	ō	es	
IOD OATEOORIES				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 Xther Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	on.	<u>e</u>	ø	ck or Afric American	u	aii	ndi Iati	ė.	Q.	or ner	_	aiis S IS	ndi Iati	ė	Total
	Male	Female	White	or A eric	Asian	a iii a	l l	٩	White	Black or an Amer	Asian	law ific	lu la	٩	
		윤	>	k i	¥	P S	ica	Ę	>	Bla	⋖	эас	ica Isk	_	
				ilac /		tiv er F	ner Ala	Ö		fric		tiv	ner Ala	9	
				ш		물물	An	≥		¥		Na Et	A	≥	
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 Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTA	L 0	0	3	0	0	0	0	0	1	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				ION A BLISHN				RT							
		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		2_0						OYER N	AME						
AC16425					C	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	81
SECTION C - H	EADQU	ARTEI	RS OR	ESTAB	LISHN	1ENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
EB30713						(	Omaha								
HEADQUARTERS OR ESTABLISHM		EL ADD	RESS				Cl	TY/TOW	VN			STATE		ZIP CC	DE
8901 Irvingt	on Rd						(	HAMC	A			NE		6812	22
	SECTI	ON D -	EMPI	LOYER	IDENT 052920		TION N	UMBE	R (EIN	)					
X YES (Employer Is Eligible				EMPLO						NO LOI	NGER I	IN BUSI	NESS		
	ible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SE	<u>Unique Entity ID (UEI)</u> : Not Applicable														
Unique Entity ID (UEI): Not Applicable  ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
<del>-</del> - · · ·	•	•													
YES (I	Headqua	rters is I	ederal	Contrac	tor)	YES (N	lon-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
									ments i	s Federa	l Contra	actor)			
	423	140 - M	otor V	NG-N ehicle P	arts (U	sed) M	erchant	Whole	salers						
	SE	CTION	I H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicity	y						
	Hisp						Not	Hispan	ic or L	atino					
	or La	atino		1	M	ale	1	1			Fen	nale	1		
JOB CATEGORIES				ican 1		Native Hawaiian or Other Pacific Islander	ian or ive	Races		ican		Native Hawaiian or Other Pacific Islander	ian or ive	Races	Row
JOB GATEGORIEG	Male	Female	White	ck or Afric American	Asian	lawai cific Is	ın Ind a Nat	More	White	Black or an Amer	Asian	lawai cific Is	ın Ind a Nat	More	Total
		Fe	\$	Black or African American	⋖	Native Hawaiian or other Pacific Islande	American Indian or Alaska Native	Two or More Races	>	Black or African American	V	Native Hawaiian or Xther 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	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	2	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Operatives

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

0

0

122

95

												Expii	ation Dai	C. 11/30/	2020
	SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT														
			ESTA	BLISHN	MENT-I	LEVEL	REPOR	RT							
		SECT	TION F	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5202			2012	11 12 23 .		OYER N	AME						
AC16425					C	HICAG				OFFICE					
						ПОЛО				OI I IOL	_				
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADOL	ADTE	DC OD	ECT A D	T TOTTA	AENT I	EVEL	IDENT	TEICA	TION G	fammlia	abla)			
HO/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	NS OK			OUARTE						idle)			
`					TILADQ	•					IVAIVIL				
AC21584						Red	dding C	A - Nor	thern (	ĴΑ					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADI	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
2850 Viking	Wav						R	EDDIN	G			CA		9600	03
	SECTI	ON D -	- EMPI			CIFICA'	TION N	UMBE	R (EIN	)					
					364261										
		SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	☐ NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SE	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
512	<u>Unique Entity ID (UEI)</u> : Not Applicable														
<b>—</b>															
YES (Single-Establishm	shment Employer is Federal Contractor) <b>TYES</b> (Multi-Establishment Employer is Federal Contractor)														
□ YES (I	shment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  S (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	readqua							_					uctor)		
			,			ı-Headqı			ments i	s Federa	l Contra	actor)			
		S	ECTIO	N G - 1	NAICS	INFOR	MATIO	N							
						Jsed) M									
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicity	У						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			M	lale					Fer	nale			1
						- <u>-</u>	_	S		_		ē	_	S	
				an an		Native Hawaiian or Other Pacific Islander	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	_
JOB CATEGORIES				ے ق		iai	ia	Ra		_ <u>:</u> 2		iai Sla	<u>≨</u> <u>ā</u> .	Ra	Row
002 0/1120011120	Ð	<u> </u>	Ę.	Afr	⊊	c ls	nd Iai	ē	ē.	e e	⊊	vai c ls	nd Aai	ē	Total
	Male	Female	White	Black or African American	Asian	ĕ	nerican Indian Alaska Native	₽	White	Black or an Amer	Asian	ii a	nerican Indian Alaska Native	IQ/	
	_	Fe	>	ž Ĕ	⋖	A S	ica sk	-	>	Bla an	⋖	a H	Sk	Į.	
				lac A		iš Ē	Na Na	0		_ :E		iš E	Na Na	00	
				B		the the	Am,	ĕ		₹		the the	₩ <b>`</b>	ĕ	
						~ ō	1	_				~ ō	_	-	
Executive/Conjust evel Officials and Man	-		_	_	_	-			_		_		_	•	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0 12	0	0	0	2	0	0	0	0	0	0	0	0 15
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	12	0	1	0	1	1	0	0	0	0	0	0	15
Administrative Support Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	2	0	24	2	1	2	0	3	0	0	0	0	0	0	34
Operatives	5	0	37	0	2	0	2	1	1	0	0	0	0	0	48
Laborers and Helpers	0	0	8	0	0	1	0	0	0	0	0	0	0	0	9
Contino Morkoro	1 0			<b>^</b>				<b>^</b>			Δ.			Δ.	

SECTION I – WORKFORCE SNAPSHOT PERIOD

93

74

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ation Dat		
			SECT	TION A	- TYP	E OF RI	EPORT	ı							
						LEVEL									
		SECT	ION B	В – ЕМР	LOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID								OYER N	IAME						
AC16425					С	HICAG	0 IL - 0	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S	T STF	2800						HICAG				IL		606	
SECTION C – H			DC OD	ECTAD	T TOTTA	AENT I				TION G	familia				
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	KS UK							Γ-LEVEL		ibie)			
BA27813					112.12	•			lorth T						
	ENTE LEX	/EL ADE	DECC									CTATE		ZID.CC	DE
HEADQUARTERS OR ESTABLISHMI 904 I-45 S		EL ADL	KESS					ITY/TOV UTCHII				STATE TX		ZIP CO 7514	
904 1-45 5												17		7514	+1
	SECTI	ON D -	EMPI			ΓIFICA'	TION N	UMBE	ER (EIN	)					
	952920557 SECTION E – EMPLOYER FILING ELIGIBILITY														
	SECTION E – EMPLOYER FILING ELIGIBILITY  le 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-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
YES (I	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		Пν	ES (O	ne or Mo	ore Non	-Headar	iarters F	Establish	nments i	s Federa	ıl Contr	actor)			
						INFOR			mients i	s r caera	ii contre				
	423					Jsed) M			esalers						
						DEMO									
							Race/E	thnicit	у						
		anic					Not	Hispar	nic or L	.atino					
	or La	atino			M	lale	1	1		1	Fer	nale			
				⊊		Native Hawaiian or Other Pacific Islander	o e	Two or More Races		묾		Native Hawaiian or Other Pacific Islander	o or	Two or More Races	
JOB CATEGORIES				Black or African American		iiar	American Indian Alaska Native	Ra		Black or African American		iiar	American Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	ic Na	Ind	re	White	Black or	Asian	ic l	Inc	re	Total
	×	ė.	×	Jo J	Asi	도 문	ka	ĭ	≥	lac n A	Asi	E H	anka	Ĕ	
				A ac		ě g	eric	ō		<u>ё</u>		ě ç	eric	ō	
				ä		lati	μĂ	, Š		₽ŧ		lati	γm' A	, ×	
						2 6	`	-				~ ō	1	-	
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	4	0	0	0	0	0	1	0	0	0	0	0	6
Professionals Tankai idea	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0														
Technicians Sales Workers	0 11	1	0 19	0	0	0	0	0	2	0	0	0	0	0	0 35
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Craft Workers

Service Workers

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Operatives

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII EOTEKTI	T OKW	ATIO	N KEI	OKI (	EEO-	COM	ONE	. 1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHN				Т			<b>,</b>				
		SECT	TON B	В – ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	S1
SECTION C - H	EADQU	ARTEI	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL					
JV43364							Hun	tington	IN						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
1870 Riverfo	rk Drive						HUN	NTING1	ON			IN		4675	50
	SECTI	ON D -	EMPI	LOYER	IDENT 052920		TION N	UMBE	R (EIN	)	•		•		
W vmg /n 1 v mil in				EMPLO						10 F 01	ICED I	N. D.LIG	DIEGG		
	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SE	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establish	nent Emr		_	-				ahlichm	ent Em	nlover ic	Federal	Contra	ctor)		
<del>_</del> · · · ·	•	•													
☐ YES (	Headqua							_					actor)		
				ne or Mo		_			ments i	s Federa	1 Contra	ctor)			
	55111.	Si 4 - Corr	ECTIO	ON G - N , Subsid	NAICS	INFOR	MATIO	N anaging	Office	ie.					
	SE	CTION	VH – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
							Race/E	thnicity	/						
		anic					Not	Hispan	ic or L	atino					
	or La	atino		I I	M	ale				I I	Fen	nale			
IOD OATEOORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	<u>o</u>	ale	te	Afri	Ę	vaii c Is	Indi Nati	ē	te	r or	an	vaii c Is	Indi Nati	ē	Total
	Male	Female	White	ck or Afric American	Asian	Hay	nerican Indian Alaska Native	€	White	Black or an Amer	Asian	Hay	nerican Indian Alaska Native	₽	
		ш.		ack		r Pe	eric	ō		E ica	,	r Pe	eric	ō	
				B		Nat	Am	ĕ		Αŧ		Nat	Am	ĕ	
								-						-	
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	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	. 0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
PRIOR 2022 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
AC16425

CHICAGO IL - CORPORATE OFFICE

ADDRESS

CITY/TOWN
STATE ZIP CODE

500 W MADISON ST STE 2800

CHICAGO
IL 60661

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)
HQ/ESTABLISHMENT-LEVEL UNIT ID
HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

FM66241 Richmond IN - KAO Logistics

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN
STATE
ZIP CODE
RICHMOND
IN
47374

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

#### 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): Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	( II – V	VOKKI	UKCE	DEMO	GKAFI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	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	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	27	1	1	0	0	0	0	0	0	0	0	0	29
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 2023 REPORTING YEAR TOTAL	0	0	29	1	1	0	0	0	0	0	0	0	0	0	31
PRIOR 2022 REPORTING YEAR TOTAL	0	0	30	1	1	0	0	0	0	0	0	0	0	0	32

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

TX

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

77032

## SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** 

2700 Greens Road Building I, Suite 100

	SECTION B - EMPLO	YER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
AC16425 CHICAGO IL - CORPORATE OFFICE										
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE						
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661						
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E							
QP17368		Houston TX - Earl Owens								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

### 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): 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)

**HOUSTON** 

#### SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- 51	201101	, ,,	, 011111	ORCE	DEMIO									
								thnicity							
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	0	6	0	0	0	0	0	0	0	0	0	0	8
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 2023 REPORTING YEAR TOTAL	2	0	0	6	0	0	0	0	0	0	0	0	0	0	8
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

U.S. EQUAL EMPLO' 2023 EMPLOYER IN												OMB Co	Revised Ontrol Nuration Dat	08/2023 mber: 304	46-0049
				TON A BLISHN											
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CO	DE
500 W MADISON S	T STE	2800					С	HICAG	О			IL		6066	61
SECTION C - HE	EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)														
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME														
AC20981	Melbourne FL														
HEADQUARTERS OR ESTABLISHME	1.111														DE
7298 Waelti	Drive						ME	LBOUF	RNE			FL		3294	10
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	)			<u>'</u>		
952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  X YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS															
SEC	CTION			L CONT				TION (	if applic	able)					
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (H	Ieadqua				. —			•					ractor)		
				ne or Mo					ıments i	s Federa	l Contra	actor)			
	423			ON G - I ehicle P					salers						
	SE	CCTION	I H – V	VORKF	ORCE										
							Race/E		•						
		anic					Not	Hispar	ic or L	atino					
	or L	atino		1	M	ale		l		1	Fer	nale	1		
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	ative Hawaiian or ner Pacific Islander	merican Indian or Alaska Native	or More Races	White	Black or Vfrican American	Asian	ative Hawaiian or ner Pacific Islander	merican Indian or Alaska Native	vo or More Races	Row Total
	l			B		ati e	lĕ⋖	Q		Į.		ati e	۱ě۷	9	l

								thnicity	•						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale		-			Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	5	0	0	0	0	1	1	0	0	0	0	0	7
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	1	0	5	0	0	0	0	0	0	0	0	0	0	0	6
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	10	1	0	0	0	0	0	0	0	0	0	0	11
Operatives	3	0	16	8	0	1	0	1	0	0	0	0	0	0	29
Laborers and Helpers	1	0	5	1	0	0	0	0	0	1	0	0	0	0	8
Service Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2023 REPORTING YEAR TOTAL	5	0	42	10	0	1	0	2	1	1	0	0	0	0	62
PRIOR 2022 REPORTING YEAR TOTAL	1	0	32	9	1	1	0	0	1	1	0	0	0	0	46

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	INFORMATION REPORT (	EEO-1 COMPONENT 1)		on Date: 11/30/2026								
	SECTION A -	- TYPE OF REPORT										
	ESTABLISHM	IENT-LEVEL REPORT										
	SECTION B - EMP	LOYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425 CHICAGO IL - CORPORATE OFFICE												
ADDRESS CITY/TOWN STATE ZIP CODE												
500 W MADISON ST STE 2800 CHICAGO IL 60661												
SECTION C -	- HEADQUARTERS OR ESTAB	LISHMENT-LEVEL IDENTIFICATION (if app	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID		HEADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
DP29636		Fridley MN										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
60 51st	Way NE	FRIDLEY	MN	55421								
		IDENTIFICATION NUMBER (EIN) 52920557										
	SECTION E - EMPLO	OYER FILING ELIGIBILITY		•								
VES (Employer Is Elig	rible to File) NO (Employer Is N	ot Eligible to File) TEMPLOYER NO LONGE	R IN BLISINI	ESS								

### 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	1 H – V	VORKE	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	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	1	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	13	0	0	0	0	0	3	0	0	0	0	0	16
Administrative Support Workers	0	0	0	0	0	0	0	0	3	0	0	0	1	1	5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	13	0	1	0	1	0	1	0	0	0	0	0	18
Laborers and Helpers	2	0	16	5	0	0	0	0	0	0	0	0	0	0	23
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	4	0	44	5	1	0	1	1	7	0	0	0	1	1	65
PRIOR 2022 REPORTING YEAR TOTAL	4	0	47	2	0	0	1	3	4	0	0	0	1	0	62
		SECTIO	NI I	WODK	FODCI	CNIAD	топ	DEDIO	<u> </u>						l

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

## SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** 

	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425		CHICAGO IL - CORPORATE OFFICE										
ADDRESS CITY/TOWN STATE ZIP CODE												
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	1E									
QP17335		Anchorage AK										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
2375 E 63	rd Avenue	ANCHORAGE	AK	99507								

## SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

## 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

## SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	(H - V	VUKKI	OKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	0	0	0	0	1	1	0	0	0	0	0	4
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 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	1	1	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`								Expir	ration Dat	e: 11/30/	/2026
OFG COVER LAWYE		SECT	TON E	B – EMP	LOYE	R IDEN			11. C						
OFS COMPANY ID					0	LUCAC				OFFICE					
AC16425						HICAG				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
500 W MADISON	ST STE 2800 CHICAGO IL 6066  IEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Phoenix AZ - KAO Logistics  MENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CO														61
SECTION C - 1	IEADQU	JARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (it	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID															
GA30577						Pho	enix AZ	- KAO	Logist	ics					
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
3949 W Van Bu							Р	HOENI	Χ			AZ			
			EME	OVED	IDENT	DIETO				D.					
	SECTI	ON D -	·EMPI				IION N	UMBE	R (EIN	)					
		SECTIO	ON E				FLIGI	RILITY	V						
X YES (Employer Is Eligib										NO LOI	NGER I	IN BUSI	INESS		
				-											
3.	ECTION							11011 (	паррис	aute)					
VFS (Single Establish	ment Emr							tablichm	ant Em	nlover ic	Fodora	1 Contro	ctor)		
_	•				· -	`							,		
☐ YES	(Headqua	rters is l	Federal	Contrac	tor) 📙	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
	SE	ECTION	N H – V	VORKF	ORCE		-								1
			T						,						
					M	lalo	Not	Hispan	IC Or L	atino	For	nale			
	01 12	l			14	laic					1 61	Tale			
						- e	_	Ø				- a	_	s	
				an		o pu	u o	Se		än		o u	n o	эсе	
JOB CATEGORIES		ω		iric an	_	iia Isla	dia ativ	8		or eric	_	ajja Isla	dia	R	Row Total
	ale	Jaj	ite	ri Af	ian	ii 🦠	Ξ̈́	ore	ite	k c	ian	lic i	<u> </u>	ore	Total
	ž	i i	⋛	r or	As	R H	ska	Š	Ĭ	lac In A	As	Ha aci	san	Š	
		-		ack Al		ě g	eric Jas	ō		B		å €	eric Jas	ō	
				B		lati he	ğΥ	8		Afr		lati	ă A	N N	
						2 8	٩	-		,		2 8	٩	_	
Executive/Senior Level Officials and Managers	<u> </u>	0	0	n	n	0	0	0	0	0	n	<u> </u>	0	0	0
First/Mid-Level Officials and Managers															4
Professionals	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1			0		0						0		0	2
Administrative Support Workers												_	_		0
Craft Workers Operatives		SECTION A - TYPE OF REPORT   ESTABLISHMENT-LEVEL REPORT   SECTION B - EMPLOYER IDENTIFICATION   EMPLOYER NAME   CHICAGO   IL - CORPORATE OFFICE													
Laborers and Helpers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA		1	2	0	0	0	0	0	1	0	0	0	0	0	15
CO.MENT EVEN NET ON THIS TEAM TOTAL		<u> </u>		_		L _						_			
PRIOR 2022 REPORTING YEAR TOTA	L 10	1	2	0	0	0	0	0	1	0	0	0	0	0	14
		•			•										1

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INI	EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  ROANOKE  ROANOKE  STATE  ZIP CODE  AVE SW  ROANOKE  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Not Hispanic or Latino  Or Latino  Male  Row Total  Row  Total														
			SECT	TON A	– TYPI	E OF RI	EPORT								
			ESTA	BLISHN	/ENT-l	EVEL	REPOR	RT.							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID															
AC16425					С	HICAG	O IL - C	ORPO	RATE (	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	81
SECTION C - HE	CADOU	ARTE	RS OR	ESTAB	LISHN	1ENT-I	EVEL	IDENT	IFICA	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID												•			
QP16521							Roa	anoke V	/A						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADI	DRESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
1930 Salem A	ve SW						R	OANOR	ΚE			VA		2401	6
	SECTI	ON D -	EMPI	LOYER	IDENT	TIFICA'	TION N	UMBE	R (EIN	)					
									( ,	,					
	e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
X YES (Employer Is Eligible	to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
SEC	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishme	Unique Entity ID (UEI): Not Applicable ent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
TYES (H	Unique Entity ID (UEI): Not Applicable  ent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
	1							•					,		
									ments i	s redera	ii Coliu	actor)			
	4231	140 - M	otor V	ehicle P	arts (U	lsed) M	erchant	Whole	salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicity	y						
							Not	Hispan	ic or L	atino					
	or La	atino		1	M	ale					Fer	nale	1		
						- 5		(0				- 5		10	
				au		o g	n or	ces		än		o d	6 O	ces	_
JOB CATEGORIES		ø.		ri In		iiai Sla	dian	Ra		r eric		iiai Sla	dia	Ra	-
	ale ale	nale	ite	Af	ian	ic wa	Inc Na	ore	iţe	k c	an	ic Na	S E	ore	lotai
	Ĕ	ē	\$	r or	Asi	E H	an	Ĕ	<b>≥</b>	lac n A	Asi	E H	san ska	Ĕ	
		ш.	_	A A		e e	eric Ias	or	_	B		e e	eric las	or	
				Bla		ati	me A	٧o		Λŧri		ati	¥ ¥	٧o	
						ᅩᇴ	٧	ŕ		_ `		ᅩᇴ	⋖	ŕ	
Fire with a /Coming Lovel Officials and Management	•	•	•	•	•	_	_	•	_			_		•	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	0	1	0	0	0	0	2	0	0	0	0	0	4
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

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

0

0

0

0

0

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI EO TERM	11 014.12		. ,	0111 (	LLO .	1 001/1	1 01 (12)	. (1 1)				Expir	ation Dat	e: 11/30/	2026	
								T.			•					
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID							EMPL	OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE	
500 W MADISON												IL		6066	51	
SECTION C – I HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	RS OR									ıble)				
GN78700					TILADQ	-				-LL VLL	TV HVIL					
HEADQUARTERS OR ESTABLISHN	MENT-LEV	EL ADE	DRESS				CI	TY/TOW	VN			STATE		ZIP CC	DE	
2040 East Ker	nper Roa	nd					CIN	CINN	ATI			ОН		4524	11	
	SECTI	ON D -	- EMPI				TION N	UMBE	R (EIN	)	,					
X VES (Employer Is Eligib										NO LON	NGER I	N RUSI	INESS			
	CCTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)															
	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)															
☐ YES (Single-Establish	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor) Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES	(Headqua	ent Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)  Headquarters is Federal Contractor)   YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
		ent Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)  Headquarters is Federal Contractor)   YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	400	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														
									<u>,                                      </u>							
						la.la	Not	Hispan	ic or L	atino	F					
	or La	atino			IVI	ale					Fen	naie				
				an		n or nder	n or e	ces		an		or nder	ı or e	ces		
JOB CATEGORIES		<u>o</u>		frica	_	aiia Isla	ıdiaı ativ	e Ra	0	or ieric	ι	aiia Isla	ıdiaı ativ	e Ra	Row Total	
	lale	ma	/hite	or A eric	siar	aw	n In	No.	/hite	lck Am	siar	aw	n In	Jor (		
	2	Fe	>	ck c	Ř	e H Pac	rica ask	ĕ	>	Bla	¥	e H Pac	rica ask	٥		
				Bla		ativ	me Ala	Š		√fric		ativ	me Ala	Š		
						≥ ₽	4	ŕ				₽₽	⋖	ŕ		
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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Technicians	SECTION B - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITYTOWN STATE ZIPC CHICAGO IL 600  EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Cincinnati OH - PYP  ENT-LEVEL ADDRESS CITYTOWN STATE ZIPC CINCINNATI OH 45:  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 95:29:20557  SECTION E - EMPLOYER FILING ELIGIBILITY to 10 File  Mo (Employer Is Not Eligible to File) Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor)  YES (Mon-Headquarters Establishment Employer is Federal Contractor) Headquarters is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)  WESCITON 4- Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION 4- WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity Not Hispanic or Latino Or Latino  Male  Race/Ethnicity Not Hispanic or Latino Or Latino  Male  Race/Ethnicity Not Hispanic or Latino Or Latino  Male  Race/Ethnicity Not Hispanic or Latino Or Latino  Or Latino  Male  Race/Ethnicity Not Hispanic or Latino Or Latino Or Latino  Or Latino  Or Latino													0	0	
Sales Workers		SECTION A - TYPE OF REPORT   ESTABLISHMENT-LEVEL REPORT   SECTION B - EMPLOYER IDENTIFICATION   EMPLOYER NAME   CHICAGO   L   CORPORATE OFFICE													5	
Administrative Support Workers		ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  CITY/TOWN  T STE 2800  CHICAGO IL - CORPORATE OFFICE  CITY/TOWN  STATE  CHICAGO IL - CORPORATE OFFICE  IL 6066  ADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Cincinnati OH - PYP  NT-LEVEL ADDRESS  CITY/TOWN  STATE  CINCINNATI  OH 452:  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  952:920557  SECTION E - EMPLOYER FILING ELIGIBILITY  to File) NO (Employer Is Not Eligible to File)  Unique Entity ID (UEI): Not Applicable)  Unique Entity ID (UEI): Not Applicable  Ent Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  WES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Not Hispanic  O													1 2	
Craft Workers		SECTION A - TYPE OF REPORT   ESTABLISHMENT-LEVEL REPORT   SECTION B - EMPLOYER IDENTIFICATION   EMPLOYER NAME   CHICAGO   L - CORPORATE OFFICE														
Operatives															6	
Laborers and Helpers Service Workers				_						_					0	
CURRENT 2023 REPORTING YEAR TOTAL	L 11	1	1	1	0	0	0	0	1	0	0	0	0	0	15	
PRIOR 2022 REPORTING YEAR TOTAL	_ 4	1	0	0	0	0	0	0	1	0	0	0	0	0	6	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

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

3

0

0

1

10

0

19

15

#### SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB30401 Ft. Myers FL - US21 HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 5001 State Road 82 FORT MYERS 33905 FL SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or

0 SECTION I - WORKFORCE SNAPSHOT PERIOD

0

0

0

0

0

0

0

12/10/2023 - 12/23/20

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

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

Executive/Senior Level Officials and Managers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

First/Mid-Level Officials and Managers

Administrative Support Workers

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

0

0

0

0

1

0

1

0

0

0

0

0

0

0

0

0

0

0

0

0

8

0

13

0

0

0

0

0

0

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENT EO TEXT	11 011		· · · · · ·	0111 (	LLO .	1 001/1	1 01 (12)	. (1 1)				Expir	ation Dat	e: 11/30/	2026
								T							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  STATE ZIP CO STATE STE 2800  CHICAGO IL - CHICAGO IL - GORPORATE OFFICE  STATE STATE STE 2800  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Grand Prairie TX - Dallas  MENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CO Pkwy, Suite 300  GRAND PRAIRIE TX 7505  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY ble to File NO (Employer Is Not Eligible to File) MO (Employer Is Not Eligible to File) Unique Entity ID (UEI): Not Applicable Unique Entity ID (UEI): Not Applicable Thenent Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic Female														
ADDRESS		SECTION A – TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B – EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  CITY/TOWN  CHICAGO  CHICAGO  IL 6066  CADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Grand Prairie TX - Dallas  INT-LEVEL ADDRESS  CITY/TOWN  STATE  ZIP CO  RAND PRAIRIE  TX 7508  SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E – EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E – EMPLOYER IDENTIFICATION NUMBER (IN)  952920557  SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ent Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  [eadquarters is Federal Contractor)  YES (Multi-Establishment is Federal Contractor)  SECTION G – NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic  Not Hispanic or Latino													
500 W MADISON	ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME  CHICAGO IL - CORPORATE OFFICE  CITY/TOWN STATE ZIP CO CHICAGO ST STE 2800  CHICAGO IL 6066  IEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Grand Prairie TX - Dallas  GENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CO Pkwy, Suite 300  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  Ile to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino or Latino Male Female														61
SECTION C – F HO/ESTABLISHMENT-LEVEL UNIT ID	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  ST STE 2800  CHICAGO IL - CORPORATE OFFICE  CITY/TOWN CHICAGO  ST STE 2800  CHICAGO														
GA30404	Grand Prairie TX - Dallas  MENT-LEVEL ADDRESS CITY/TOWN STATE Pkwy, Suite 300 GRAND PRAIRIE TX 7505  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E - EMPLOYER FILING ELIGIBILITY ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
	AENTE LEX	/EL ADE	DECC		1	Gi				15		CT A TE	1	ZID CC	DE
		wy, Suite 300 GRAND PRAIRIE TX 75050  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  TION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable													
T102 West Gamer		SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E – EMPLOYER FILING ELIGIBILITY to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)													
	952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
X YES (Employer Is Eligib	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  ole to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable  ument Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
SI	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
<del>_</del>	Unique Entity ID (UEI): Not Applicable  hment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  G (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
YES	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	ment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor) Headquarters is Federal Contractor)   YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  (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														
	SF	CTION	VH – V	VORKE	ORCE	DEMO	GRAPE	HC DA	TA						
							Race/E	thnicit	у						
							Not	Hispan	ic or L	atino.					
	or La	atino		1 1	M	ale	1			1	Fen	nale			
JOB CATEGORIES				can		an or lander	an or ive	Races		ican		an or lander	an or ive	Races	Row
JOB CATEGORIES	ale	nale	hite	r Afri	ian	awaii fic Is	ı Indi	ore F	nite	k or Amer	ian	awaii fic Is	ı Indi Nat	ore F	Total
	Σ	Fer	⋝	k o	As	e Ha	icar	ž	₹	Blac	As	e Ha	icar	Σ	
				Blac		ativ her F	mer	8		Afric		ativ her F	mer Ala	80	
						2 2	•	ŕ				Ζδ	⋖	ŕ	
Executive/Senior Level Officials and Managers	1	SECTION A - TYPE OF REPORT   ESTABLISHMENT-LEVEL REPORT   SECTION B - EMPLOYER IDENTIFICATION   EMPLOYER NAME   CHICAGO   L - CORPORATE OFFICE													1
First/Mid-Level Officials and Managers	1	SECTION A - TYPE OF REPORT   ESTABLISHMENT-LEVEL REPORT												0	2
Professionals	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	_	SECTION A - TYPE OF REPORT   ESTABLISHMENT-LEVEL REPORT   SECTION B - EMPLOYER IDENTIFICATION   EMPLOYER NAME   CHICAGO   IL - CORPORATE OFFICE													0
Administrative Support Workers		SECTION A - TYPE OF REPORT   ESTABLISHMENT-LEVEL REPORT   SECTION B - EMPLOYER IDENTIFICATION   EMPLOYER NAME   CHICAGO   IL - CORPORATE OFFICE													0
Craft Workers									_						0
Operatives															46
Laborers and Helpers	_									_					0
Service Workers															0
CURRENT 2023 REPORTING YEAR TOTAL	_ 25	3	5	13	0	0	0	3	0	0	0	0	0	0	49
PRIOR 2022 REPORTING YEAR TOTAL	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	(ATIO	N REI	PORT (	EEO-	1 COM	PONE	NT 1)							
	HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Schertz TX  MENT-LEVEL ADDRESS  CITY/TOWN SCHERTZ  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECCTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable  Intent Employer is Federal Contractor) YES (Multi-Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Paris (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Or Latino  Male  Race/Ethnicity  Not Hispanic or Latino  Or Latino  Race/Ethnicity  Hispanic Or Latino  Male  Race/Ethnicity  Not Hispanic or Latino  Or Latino  Race/Ethnicity  Not Hispanic or Latino  Or Latino  Race/Ethnicity  Hispanic Or Latino  Race/Ethnicity  Not Hispanic or Latino  Or Latino  Race/Ethnicity  Hispanic Or Latino  Race/Ethnicity  Hi														
		SECT													
OFS COMPANY ID		SECI	IONI	– ENIF	LUIE	KIDEN			AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS															
500 W MADISON S														6066	51
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAE	LISHN	MENT-I	EVEL	IDENT	IFICA'	FION (it	f applica	able)			
EB31546					пеарс	UAKTE				I-LEVEL	NAME				
	ENT LEX	/EL ADE	DECC									CTATE	1	ZID CC	NDE .
•			DKESS												
111 10 2001041 110			EMDI	OVED	IDENT	PIETC A				`					
	SECTI	UND-	- INIVITE				HONN	UNIDE	K (EII)	,					
	e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
X YES (Employer Is Eligible	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SE	CCTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
T vra (a. 1 E 1111	<u>Unique Entity ID (UEI)</u> : Not Applicable														
<del>-</del> · · ·	-	-													
☐ YES (I	Headqua	rters is l	Federal	Contrac	tor)	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
						•			ments i	s Federa	l Contra	actor)			
	423								ealere						
							Race/E	thnicit	у						
							Not	Hispan	ic or L	atino					
	or La	atino			M	ale	1				Fer	nale			
						_ <u>-</u> 0		ın.				- 6		m	
				an		n o	n o	Ç		an		n o	n ol e	če	_
JOB CATEGORIES		ø.		ri E		iia Isla	dia	R		or eric		ija	dia	8	_
	ale	nal	hite	Ę.ÿ	ian	fic a	Ξž	ore	nite	k G	ian	lic %	n n	ore	Iotai
	Σ	Fer	⋝	a Š	As	SC. 표	car	Σ	⋝	slac an /	As	띯	car ska	Σ	
				ac A		i ve	leri Na:	0 0		riçi H		i ve	ieri Ala:	0	
				<b>⊞</b>		Nat the	Am /	Ž		Ą		Nat	Am,	Ž	
						- 6						- 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	0	0	0	0	0	0	0	0	0	0	0	0	0
Tophnicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMPLOYER IN	FORM	AHO	N KEI	OKI (	EEO-	COM	PONE	N1 1)							
			-	-				:T			•				
		SECT	TON E	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	IAME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIPCC	DF
	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITY/TOWN CHICAGO IL 606  EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) 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 IDENTIFICATION (if applicable) NORTH CHARLESTON SC 294  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS CTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UE): Not Applicable ent Employer is Federal Contractor) YES (Mon-Headquarters Establishment is Federal Contractor)  [ YES (One or More Non-Headquarters Establishment is Federal Contractor)  [ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic  Or Latino  Male  Race/Ethnicity  Hispanic  Or Latino  Male  Race/Ethnicity  Hispanic  Not Hispanic or Latino  OR Latino  OR Latino  OR Latino  OR Latino  OR Latino  Latino  OR Latino														
														0000	)
	<u>EADQU</u>	ARTE	RS OR	ESTAB	LISHN	<u> 1ENT-L</u>	EVEL	IDENT	IFICA'	TION (ii	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				I-LEVEL	NAME				
EB31171							North C	harlest	on SC						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOV	VN			STATE		ZIP CC	DDE
4550 Rivers A	Avenue  NORTH CHARLESTON  SC  2940  SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E – EMPLOYER FILING ELIGIBILITY  e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														)5
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)					
		SECTIO	ON E				FLIGI	RILIT	V						
X YES (Employer Is Eligible										NO LOI	NGER I	N BUS	INESS		
SE	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA	TION (	if applic	able)					
52	01101								uppe						
VFS (Single-Establishm	ent Emr		_	-				tahlichn	ent Em	nlover is	Federal	l Contra	ctor)		
<u> </u>	_	-													
☐ YES (I	Headqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ıments i	s Federa	l Contra	actor)			
	423,								calore						
							Race/E	thnicit	у						
							Not	Hispan	ic or L	.atino					
	or La	atino			M	ale					Fen	nale	1		
				can		an or ander	an or ve	aces		can		an or ander	an or ve	aces	Row
JOB CATEGORIES	4	<u>0</u>	a)	ıfriç	u	ajje	ati'	e R	ø	or Jeri	_	ajis Isl	ati	e R	Total
	lale	шa	/hit	or A eric	sia	a ific	n Ir a N	١Ō	/hit	An	sia	a ific	a N	١Ō	
	2	Fe	>	k m	¥	e H	ica Isk	<u> </u>	>	Bla	Ř	P S S	ica	<u> </u>	
	1			3lac		er l	ner Ala	é		fric		ativ er l	ner Ala	é	
				ш		2 5	Ā	≥		■ 4		꿀둥	Ā	≥	
Executive/Senior Level Officials and Managers															0
First/Mid-Level Officials and Managers Professionals	SECTION A - TYPE OF REPORT														0
Technicians	SECTION A - TYPE OF REPORT														0
Sales Workers	Expiration Date: 11/   SECTION A - TYPE OF REPORT														2
Administrative Support Workers	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE  CITYTOWN CHICAGO IL - CORPORATE OFFICE  CITYTOWN TSTATE  CITYTOWN CHICAGO IL - CORPORATE OFFICE  CITYTOWN CHICAGO IL - CORPORATE OFFICE  CITYTOWN CHICAGO IL - CORPORATE OFFICE  CITYTOWN CHICAGO IL - CORPORATE OFFICE  CITYTOWN STATE CIPTOR North Charleston SC  CITYTOWN NORTH CHARLESTON SC 26  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION D - EMPLOYER FILING ELIGIBILITY TO File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CITOR F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ent Employer is Federal Contractor)  YES (One or More Non-Headquarters Establishment Employer is Federal Contractor)  WESCTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Not Hispanic Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino  Not Hispanic or Latino Or Latino  OR OR OR OR OR OR OR OR OR OR OR OR OR O														0
Craft Workers							_								0
Operatives															4
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	1	0	4	1	0	0	0	0	4	0	0	0	0	0	10
DDIOD 2002 DEDOCTIVO VE	1	0	4	4	0	0	0	0	3	0	0	0	0	0	9
PRIOR 2022 REPORTING YEAR TOTAL	1 1 '	ı U	4	1 1	i U	ı U	U	U	1 3	ı U		ı U	U	U	1 9

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

## SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

EMPLOYER N

EMPLOYER N

 
 OFS COMPANY ID AC16425
 EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE

 ADDRESS
 CITY/TOWN
 STATE
 ZIP CODE

 500 W MADISON ST STE 2800
 CHICAGO
 IL
 60661

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)
HQ/ESTABLISHMENT-LEVEL UNIT ID
HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

QP16103 Burton MI

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN STATE ZIP CODE
4189 Fenton Rd BURTON MI 48529

## ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

95292055

## 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): Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

## SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	( n – v	VUKKI	OKCE	DEMO	GKAPI	HC DA	1A						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
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 2023 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

#### U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMDI OVED INEODMATION DEDODT (EEO 1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

2023 EMILLOTER	INFORMATION REPORT (EE	CO-1 COMPONENT 1)	Expirati	on Date: 11/30/2026									
	SECTION A - T	YPE OF REPORT											
	ESTABLISHMEI	NT-LEVEL REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME											
AC16425 CHICAGO IL - CORPORATE OFFICE  ADDRESS CITY/TOWN STATE													
ADDRES													
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661									
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
GN78828		Lynchburg VA											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
1142 O	wen Dr	GOODE	VA	24556									
		ENTIFICATION NUMBER (EIN) 920557											

## 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

## SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5E	CHOP	(H – V	VUKKI	ORCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	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	2	2	0	0	0	0	0	1	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	3	2	0	0	0	0	0	1	0	0	0	0	6
PRIOR 2022 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	1	0	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2023 EMPLOYER I	NFORM	AHO	NKEI	OKI (	EEO-	COM	PONE.	N1 1)					ation Dat		
				TION A BLISHN				RT.			,				
		SECT	ION B	B – EMP	LOYE	R IDEN	TIFICA	TION						-	
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C -			DC OD	ECTAD	T ICUN	TENT I				FION G	f applies				
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	AKIL	NO OK	ESTAD	HEADO	UARTE	RS OR ES	STABLIS	HMENT	T-LEVEL	NAME	ibie)			
EB31804					Ì			nsing N							
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DDE
1149 S Pennsyl								ANSIN				MI		4891	
<u> </u>	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	)					
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
X YES (Employer Is Eligil	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): Not Applicable														
S	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federal	l Contra	ctor)		
	(Haadaya	utana ia I	Zadamal	Contra	+cm) —	VEC (N	lon Hoo	lanamtam	a Establ	iahmant	ia Fadam	ol Contr	no atom)		
	(пеацциа				· —	,		•					actor)		
	Schment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)  (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														
	422			ON G − N ehicle P					calore						
	SE	CTION	VH – V	VORKE	ORCE	DEMO	GRAPE	HC DA	TA						
							Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
						_						_		ĺ	
				_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		ڇ		Native Hawaiian or Other Pacific Islande	ō ,	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Rac		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Rac	Row
JOB CATEGORIES	Φ	Female	ţ.	ck or Afric American	ıı	vai c Is	Ind	re	te	Black or an Amer	Ę	vai	lat Vat	<u>.</u>	Total
	Male	Ĕ	White	or,	Asian	da Cifi	an I ca I	Wo	White	A ac	Asian	da Çiji	an L	₽	
	-	Ľ.	>	ck Am	۹	Pa	rica as k	orl	>	B E	٩	Pa	rica	, 5	
				3la		ativ er	nel Ala	0/		į		ativ er	Je A	Š	
				_		žŧ	Ā	^		٩		žŧ	₹	≥	
	_													<u> </u>	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0 2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers Operatives	1	0	3	2	0	0	0	0	0	0	0	0	0	0	7
Laborers and Helpers	1	0	2	1	0	0	0	0	0	0	0	0	0	0	4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 2	0	9	3	0	0	1	0	0	0	0	0	0	0	15
PRIOR 2022 REPORTING YEAR TOTA	L 2	0	8	5	0	0	0	0	0	0	0	0	0	0	15
				i								1			1

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`				,				Expir	ation Dat	e: 11/30/	2026
				TON A											
				BLISHN											
		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID					_			OYER N			_				
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H			DS OD	FSTAR	i ichi	/FNT_I	EVEL	IDENT	IFICA'	FION (i	fannlica	bla)	- I		
HO/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	NO OK							Γ-LEVEL		ibie)			
EV52116					`	-	st Palm								
HEADQUARTERS OR ESTABLISHM		EL ADE	DECC					TY/TOW			-	COT A TEN	-	ZID CO	DE
•			KE33									STATE		ZIP CO	
451 Benoist Fa	rms Roa	ad					WEST	PALIVI	BEACE	1		FL		3341	
	SECTI	ON D -	EMPI	LOYER	IDENT 052920		TION N	UMBE	R (EIN	)					
	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)														
											NGER I	N BUS	INESS		
SE	CTION							ΓΙΟΝ (i	if applic	able)					
		Uni	ique En	tity ID (	<u>UEI)</u> :	Not App	licable								
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federal	l Contra	ctor)		
□ VES (	Headana	rters is I	Federal	Contract	tor)	VES (N	on-Head	lanarter	s Establ	ishment	is Feder	al Contr	actor)		
	Treadqua				- —	,		•					uctor)		
	Unique Entity ID (UEI): Not Applicable ishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor) ES (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														
	422	S:	ECTIC	)N G − N ehicle P	NAICS	INFOR	MATIO	N Whole	coloro						
				VORKE											
	J.	201101	111 - 1	VOKKI	ORCE		Race/E								1
	Hier	anic						Hispan	,	atino					
		atino			М	ale	1401	Пэрап	C O1 L	atino	Fen	nale			
	<u> </u>	1													
						= =	_	Ś		_		or der	_	က္က	
				ä		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	n or	Two or More Races	Daw
JOB CATEGORIES		as a		ric an	_	ija Isla	dia	ě		or eric	_	iiia Isla	dia	25	Row Total
	Male	Female	White	Black or African American	Asian	ii §	nerican Indian Alaska Native	ore	White	Black or an Amer	Asian	Native Hawaiian Other Pacific Islan	American Indian Alaska Native	ore	Total
	Ĭ	ė.	₹	Je T	As	H a	an	Š	Ì	lac n A	As	E Ha	an	Š	
		ш.		≱ gr		a e	eric las	ō	_	B	,	å ë	eric las	ō	
				Big		ati	E A	8		Λfri		ati	E A	8	
						Z 2	⋖	É				Z 2	⋖	É	
Freedom (Ossical anal Official															
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1	1	0	0	0	0	0	1	0	0	0	0	0	0	3
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	1	1	1	0	0	0	0	3	0	0	0	0	0	7
Administrative Support Workers Craft Workers	1	0	0	2	0	0	0	0	0	0	0	0	0	0	3
Operatives	5	0	2	5	0	0	0	0	0	0	0	0	0	0	12
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 2023 REPORTING YEAR TOTAL	. 8	5	4	8	0	0	0	1	3	0	0	0	0	0	29
PRIOR 2022 REPORTING VEAR TOTAL	6	3	3	6	0	0	0	1	3	0	0	0	0	0	22

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REF	ORT (	EEO-	1 COM	PONE	NT 1)					ation Dat		
			SECT	TON A	- TYP	E OF RI	EPORT	1							
			ESTA	BLISH	/ENT-	LEVEL	REPOF	RT							
		SECT	ION B	- ЕМР	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID							EMPL	OYER N	IAME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	Ю			IL		6066	61
SECTION C – HI			2S OR	FSTAR	I ICHN	AENT-I				TION (i	f annlice	hle)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	ZADQC	AKIL	AD OIL	LOIAL	HEAD	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME	ioic)			
EP13832						Hu	itchins	TX Wh	eel Plai	nt					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADD	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DE
415 North	145						H	UTCHI	NS			TX		7514	11
	SECTI	ON D -	EMPI	OYER	IDEN	ΓΙFICA'	TION N	HIMRE	R (EIN	)					
	DECII	0112	22.711		952920		110:11	CIVIDI		,					
		SECTIO	ON E –	EMPL	OYER	FILING	ELIG	BILIT	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER I	IN BUSI	INESS		
SEC	CTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA	TION (	if applic	able)					
		Uni	que En	tity ID (	<u>UEI)</u> :	Not App	olicable								
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (H	Ieadana	rters is I	Federal	Contrac	tor) $\square$	VES (N	Ion-Head	danarter	s Establ	ishment	is Feder	al Contr	actor)		
	icadqua				· —	,		•					actor)		
						-Headqu			iments i	s Federa	ıl Contra	actor)			
						INFOR aneous			1						
	SE					DEMO									
							Race/E								
	Hisp	anic					Not	Hispar	ic or L	atino					
	or L	atino		1	M	lale	•	•			Fer	nale	1		
						_						_			
				⊆		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		۾		Native Hawaiian or Other Pacific Islander	o a	Two or More Races	
JOB CATEGORIES				Black or African American		ian	American Indian or Alaska Native	Rac		Black or African American		ian Slar	American Indian Alaska Native	Rac	Row
002 071120011120	<u>e</u>	Female	White	ck or Afric American	Asian	wai ic Is	Ind	ē	White	Black or	Asian	wai ic Is	lnd Nai	re	Total
	Male	em	۸	ie e	Asi	Ha	ka ka	ĕ	₹	lac n A	Asi	Ha	ka a	ĕ	
		ш		A K	_	e e	aric las	ō	_	<u> </u>		a e	eric las	or	
				ä		ati	¥ ¥	8		<b>₽</b> ŧ		ati her	¥ ¥	NO W	
						2 8	٩	-				2 8	٩	-	
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	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Craft Workers

Service Workers

Laborers and Helpers

Operatives

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	•	,	Expirati	on Date: 11/30/2026
	SECTION A - T	TYPE OF REPORT		
	ESTABLISHMEI	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		CHICAGO IL - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E	
FC95016		North Platte NE		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
2415 E 4Th	n St Suite 3	NORTH PLATTE	NE	69101
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)		

952920557

## 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): Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

## SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHO	( II – V	OKKI	OKCE	DEMO									
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	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	1	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	2	0	0	0	0	0	7
PRIOR 2022 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	2	0	0	0	0	0	6

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				TION A BLISHN		-	-	rT			•				
		SECT	ION B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID				· · · · · ·				OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE	Ē				
ADDRESS								TY/TOW				STATE		ZIP CC	
500 W MADISON S								HICAG				IL		6066	51
SECTION C – HE	EADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)		-	
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
CN97221						Spring	field M			ance					
HEADQUARTERS OR ESTABLISHME			RESS					TY/TOW				STATE		ZIP CC	
2720 North Airport Co	ommer	ce Ave					SPF	RINGFI	ELD			MO		6580	03
	SECTI	ON D -	EMPI	LOYER	IDENT 052920		TION N	UMBE	R (EIN	)			•		
		SECTIO	ON E -	·EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligible		-			_					NO LO	NGER I	IN BUSI	INESS		
SEC	CTION			L CONT				TION (i	if applic	able)					
			-	tity ID (											
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
YES (H	Ieadaua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	dauarter	s Establ	ishment	is Feder	al Contr	actor)		
	1									s Federa			,		
				ON G - N		_			ments i	s redera	ii Coliua	actor)			
		33361	8 - Otl	ner Eng	NAICS ine Fai	ipment	Manuf	IN acturino	7						
	SE			VORKF											
							Race/E	thnicity	у						
		anic					Not	Hispan	ic or L	atino					]
	or La	atino			М	ale					Fer	nale	1		
						. 5									
				⊊		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES				Black or African American		iiar sla	nerican Indian Alaska Native	Ra		Black or African American		Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	wa	Inc Na	ore	White	Black or	Asian	wa ic I	Inc Na	ore	Total
	Ma	e.	₹	o ner	Asi	Ha	an ka	¥	₹	lac n A	Asi	E H	an ka	Mc	
		ш		A P	,	e e	eric las	or		B		9 <u>6</u>	eric las	or	
				B		ati	A A	WO		Afr		ati	A	wo	
						Zδ	٧	-				Zδ	٩	-	
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	1	6	0	0	0	0	0	2	0	0	0	0	0	9
Professionals	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	0	0	1	0	0	0	0	0	4	0	0	0	0	0	1 5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	4	1	95	9	1	0	2	7	19	2	1	0	0	1	142
Laborers and Helpers	0	0	13	1	1	0	0	0	4	0	0	0	0	0	19
Service Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2023 REPORTING YEAR TOTAL	4	2	119	10	2	0	2	7	30	2	1	0	0	1	180
			40												
PRIOR 2022 REPORTING YEAR TOTAL	0	2	16	0	0	0	0	0	4	0	0	0	0	0	22

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII LOTEK II	II OKWI	AHO	N KEI	OKI (	EEO-1	COM	TONE	111)				Expir	ation Dat	e: 11/30/	2026
			-	TON A · BLISHN		-	-	:T			•				
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	OIL-C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	/NI			STATE		ZIP CC	DE
	OT OTE	0000													
500 W MADISON								HICAG				IL		6066	)1
SECTION C - H	EADQU	ARTE	RS OR	<b>ESTAB</b>	LISHN	<u> 1ENT-L</u>	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
EB31445							Kno	xville 1	N						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	RESS				CI	TY/TOV	VN			STATE		ZIP CC	DE
3475 North Be	nd Circle	е						ALCOA	١			TN		3770	)1
	SECTI	ON D -	EMPI	LOYER	IDENT 052920		TION N	UMBE	R (EIN	)					
		SECTIO	ON E -	EMPLO			ELIGI	BILIT	Y						
X YES (Employer Is Eligib		-					_			NO LOI	IGER I	N BUSI	NESS		
	CTION														
				tity ID (				11011(	пиррпс	uoie)					
YES (Single-Establish	nent Emr		-					tablichn	ent Em	nlover ic	Fadara	Contra	etor)		
_ ` `		•			· -								,		
YES (	Headqua	rters is I	Federal	Contract	tor)	YES (N	lon-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	re Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
				N G - N		_									
				ehicle P											
	SE	CTION	V H – V	VORKF	ORCE										
							Race/E	thnicit	y						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
				u.		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES				ے نِدَ		iar Sla	liar	Ra		ric i		iar sla	liar tive	Ra	Row
002 0711 20011120	<u>o</u>	Female	te	Black or African American	Ę	vai c.ls	nerican Indian Alaska Native	ē	te	Black or African American	Ę	vai c Is	nerican Indian Alaska Native	ē	Total
	Male	Ĕ	White	or, ieri	Asian	ξ Eii a	an	₽	White	ack Al	Asian	dav cifii	an	₽	
	-	ı.	>	ΑğΨ	٩	Pa Pa	ic.	<u> </u>	>	Blan	٩	e F Pa	ic		
				) Sa		e ţi	Je A	õ		fric		tiv	Je A	õ	
				ш		울	Ā	≥		⋖		S F	Ā	≥	
			<u> </u>	<u> </u>		oxdot						$oxed{oxed}$			
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 Tachnicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
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	9	0	0	0	0	0	0	0	0	0	0	0	9
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2023 REPORTING YEAR TOTAL	. 0	0	17	0	0	0	0	0	1	0	0	0	0	0	18
DRIOD 2022 DEDODTING VEAD TOTAL	0	0	15	1	0	0	0	0	1	0	0	0	0	0	17

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	ORT (	EEO-	1 COM	PONE	NT 1)					ation Dat	mber: 304 te: 11/30/	
			SECT	TON A	- TYP	E OF R	EPORT	ı							
			ESTA	BLISH	∕IENT-I	LEVEL	REPOF	RT							
		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	0 IL - C	ORPO	RATE	OFFICE					
ADDRESS								ITY/TOV				STATE		ZIP CC	
500 W MADISON S	_						_	HICAG	_			IL		6066	61
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-I	LEVEL	IDENT	'IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME				
QP16444							North C								
HEADQUARTERS OR ESTABLISHME			RESS					ITY/TOV				STATE		ZIP CC	
7275 Cross County	Rd, Su	uite A				N	IORTH	CHAR	LESTO	)N		SC		294′	8
	SECTI	ON D -	EMPI		IDEN <sup>7</sup> 952920	ΓΙΓΙCA <sup>5</sup>	TION N	IUMBE	CR (EIN	D					
	1	SECTIO	ON E -	EMPL	OYER	FILING	ELIG	BILIT	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	Not Elig	ible to F	ïle)	EMPL	OYER	NO LO	NGER I	IN BUSI	INESS		
SEC	CTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA	TION (	if applic	able)					
			-			Not App									
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (H	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	Von-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
_ `	•				. —			•		s Federa			,		
	423					INFOR Jsed) M			salers						
						DEMO									
							Race/E	thnicit	у						
		anic					Not	Hispan	nic or L	.atino					
	or L	atino		1	M	lale		1		1	Fer	nale	1		
						_ <u>_</u>	١.	,n				_ 5		,,	
				a		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races	_
JOB CATEGORIES		ø.		Black or African American		iia Isla	nerican Indian Alaska Native	Ra		Black or African American		ija Isla	American Indian Alaska Native	Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	#ic fic	Ξž	ore	White	Black or an Amer	Asian	awa fic	Ξž	ore	I Otal
	Σ	Fe	⋝	ko me	As	aci H	car	Σ	₹	3lac an /	As	Sci	car	Σ	
				lac A		tive F	neri Ala	0 0		rica		iye Y	neri Ala	0 0	
				B		Na	An'			¥		Na	An,	_ ≥	
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

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

#### Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME FM66173 Peckville PA - KAO A&A HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1537 Main St **PECKVILLE** PA 18452 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	5r	CHOP	$\mathbf{H} - \mathbf{v}$	VOKKE	OKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
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	1	0	0	0	0	0	1
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 2023 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI EO I EMI	i i Oiti	21110	·	(	LLU .	1 001/1	1 0112	.,				Expir	ation Dat	e: 11/30/	2026
				TION A BLISHN				RT.							
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG				OFFICE	<u> </u>				
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C – HO/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (i: Γ-LEVEL	f applica	able)			
EW17532					HEADQ		lings M				NAME				
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADE	DRESS					TY/TOV				STATE		ZIP CC	DDE
10148 Ruc								ILLING				MT		5910	01
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)	I				
				EMPL	OYER	FILING									
X YES (Employer Is Eligi											NGER I	IN BUSI	NESS		
S	ECTION	<b>F – FE</b> l <u>Un</u>	<b>DERAI</b> ique En	L CONT tity ID (	T <b>RACT</b> UEI):	OR DE: Not App	SIGNA' olicable	TION (	if applic	able)					
YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	(Headqua	rters is l	Federal	Contrac	tor)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
	423	S 140 - M	ECTIC	ON G - I ehicle P	NAICS Parts (U	INFOR	MATIO erchant	N Whole	salers						
				VORKF		DEMO	GRAPI	IIC DA	TA						
			1				Race/E								
		anic atino			М	ale	Not	Hispan	ic or L	.atino	Fer	nale			
	<u> </u>														
				can		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		can		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	<u>o</u>	ale	te	Black or African American	Ę	vaiia c Isl	nerican Indian Alaska Native	re R	te	Black or African American	Ę	vaiia c Isl	nerican Indian Alaska Native	re R	Total
	Male	Female	White	c or , meri	Asian	Hav	an	Mo	White	Black or	Asian	Hav	an   ska I	Mo	
		"		lack Ar		tive er Pa	neric Alas	o or		B		rive F. P.	neric Alas	o or	
				В		Na Othe	An'	_		¥		Na Othe	An,	_	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers  Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers Craft Workers	0	0	0 2	0	0	0	0	0	0	0	0	0	0	0	0 2
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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 2023 REPORTING YEAR TOTAL		0	6	0	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2022 REPORTING YEAR TOTAL	<b>L</b> 0	0	3	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
						E OF RI									
						LEVEL I									
0 PG GOL PG 1 W 1 PG		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					C	HICAG	3 IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
500 W MADISON S								HICAG				IL		6066	51
SECTION C – HI	EADQU	ARTE	RS OR			MENT-L DUARTEI						ıble)			
QP17005					TILADQ	VOAKILI		k - Oma		-LLVLL	IVAIVIL				
HEADQUARTERS OR ESTABLISHME	NT-LEV	ΈL ΑDΓ	ORESS					TY/TOW				STATE		ZIP CO	DE
1945 SW 5		LLTIDL	TLIBB					INCOL				NE		6852	
	SECTI	ON D -	EMPI	OYER	IDEN 1	TIFICA'	TION N	UMBE	R (EIN	)					
		SECTIO	NF_			FILING	FLICI	BII ITY	v						
X YES (Employer Is Eligible										NO LO	IGER I	N BUSI	NESS		
SEC	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	hment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
YES (H															
	Headquarters is Federal Contractor)    YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	4231					INFOR			salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	-							
	Hisp						Not	Hispan	ic or L	atino					
	or La	atino		1	M	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives 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 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1

SECTION I – WORKFORCE SNAPSHOT PERIOD 12102023 - 12232023

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

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100)

_	LOYMENT OPPORTUNITY C INFORMATION REPORT (EF	· · · · · · · · · · · · · · · · · · ·	OMB Contr	vised 08/2023 ol Number: 3046-0049 on Date: 11/30/2026							
	SECTION A - T	YPE OF REPORT	•								
	ESTABLISHME	NT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425		CHICAGO IL - CORPORATE OFFICE									
ADDRES	ADDRESS CITY/TOWN 500 W MADISON ST STE 2800 CHICAGO										
500 W MADISO	500 W MADISON ST STE 2800 CHICAGO  SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION ( PESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL)										
SECTION C -	500 W MADISON ST STE 2800 CHICAGO  SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if appl STABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAM										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	<b>Ι</b> Ε								
HF16487		Glen Burnie MD - ERS Cool Sys									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
113 Hols	um Way	GLEN BURNIE	MD	21060							
		ENTIFICATION NUMBER (EIN) 920557									
	SECTION E – EMPLOY	ER FILING ELIGIBILITY									
X YES (Employer Is Elig	ible to File) <b>NO</b> (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINE	ESS							
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : Not Applicable									
YES (Single-Establi	shment Employer is Federal Contractor	r) TYES (Multi-Establishment Employer is Feder	eral Contractor	•)							
☐ YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fed	deral Contracto	or)							
	YES (One or More	Non-Headquarters Establishments is Federal Cor	ntractor)								

SECTION G - NAICS INFORMATION
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	1 H – V	VORKE	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicit	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	4	1	1	0	0	0	0	0	0	0	0	0	6
Operatives	0	0	1	0	0	0	0	1	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 2023 REPORTING YEAR TOTAL	0	0	6	1	1	0	0	1	0	0	0	0	0	0	9
PRIOR 2022 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	2	1	0	0	0	0	0	8
		SECTIO	NIT _	WODE	FODCI	CNIAD	спот і	DEDIA	`						

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

SECTION A - TYPE OF REPORT													ation Dat	e: 11/30/	2026
				TION A · BLISHN			-	:T			•				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800						HICAG				IL		6066	
			DG 0.D	TOTAL D						TT 0 3 7 //				0000	
SECTION C – I HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	KS OK							ΓΙΟΝ (11 Γ-LEVEL		ible)			
QP16961					TILADQ	OMMILI		land T		I-DL V LL	1 17 LIVIL				
													1		
HEADQUARTERS OR ESTABLISHM		EL ADE	DRESS					TY/TOW				STATE		ZIP CC	
2308 W I		OND	EMDI	OVED	IDEN	DIELCA		IIDLAN				TX		7970	)1
					952920	557				)					
X YES (Employer Is Eligib				EMPLO						NO LON	NGER I	N BUSI	NESS		
	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA								
			-	tity ID (											
☐ <b>YES</b> (Single-Establish	hment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
□ YES	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
<b>-</b>	Headquarters is Federal Contractor)														
	422			)N G − N ehicle P					calore						
				VORKE											
	T 52	201101	111 /	· OILIII	ORCL		Race/E								
	Hisr	anic						Hispan		atino					
		atino			М	ale		поран			Fen	nale			
JOB CATEGORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
	<u>e</u>	Female	White	ck or Afric American	Asian	ic I	Inc Na	ore	White	Black or an Amer	Asian	waicl	Inc Na	ore	Total
	Male	em	۸	ie e	Asi	Ha	ka	Ĕ	۸	lac n A	Asi	Hay	an ka	Ĕ	
		ш	_	A P	,	e e	eric las	ō		B	•	Pa Pa	aric las	ō	
				Big		ati	E E	8		Λfri		ati	E A	8	
						Z 2	⋖	É				Zg	⋖	É	
Evacutive/Conject and Officials and Mar	0	0	0	0	0	0	0	0	0	0	0	0	0	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	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	1	1	0	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 2023 REPORTING YEAR TOTAL	_ 1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2022 REPORTING YEAR TOTAL	_ 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  SECTION A – TYPE OF REPORT													mber: 304 e: 11/30/	
						_EVEL I									
OFS COMPANY ID		SECT	TON B	– EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					С	HICAGO				OFFICE	•				
					<del>-</del>	11107101				011102		COTE A TENE		7ID CC	DE
ADDRESS	T OTE	2000						TY/TOW				STATE		ZIP CO	
500 W MADISON S SECTION C – H			DC OD	ECTAD	T ICHA	AENT I		HICAG		TION (:	fannlia			6066	) I
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	NS UK							Γ-LEVEL		ibie)			
QP17194							Bake	ersfield	CA						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
2530 Chester	Avenue						BAK	ERSFI	ELD			CA		9330	)1
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA' 557	TION N	UMBE	R (EIN	)	•		•		
						FILING									
X YES (Employer Is Eligible											NGER I	IN BUS	INESS		
SE	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  house Employer is Endard Contractor VES (Multi-Establishment Employer is Endard Contractor)														
<b>—</b>	hment Employer is Federal Contractor) <b>TYES</b> (Multi-Establishment Employer is Federal Contractor)														
	hment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  G (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
YES (I	S (Headquarters 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)															
	4231	140 - M	otor V	ehicle P	arts (U	INFOR	erchant	Whole	salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO									
							Race/E	-							
		anic atino			М	ale	Not	Hispan	IC Or L	atino	Fer	nale			
	OI L				IV	ale					1 61	liaic			
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	0	0	0	0	0	2 ō	0	<b>L</b>	0	0	0	2 ŏ	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 Salos Workers	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	3	2	0	0	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	3	2	0	0	0	0	0	0	0	0	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

## SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID

AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш

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

HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

GN78781 Portsmouth OH - Depot

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 344 Sperry Rd. **SOUTH PORTSMOUTH** KY 41174

## SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

#### 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): 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)

EMPLOYER NAME

## SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
							Race/E	thnicit	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	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	4	0	0	0	0	0	0	0	0	0	0	0	4
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 2023 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
		ECTIO	NIT _	WODK	FODCI	CNIAD	топ	DEDIO	`						

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMI LOTEKTI	SECTION A – TYPE OF REPORT													e: 11/30/	2026	
				TION A - BLISHN				RT.			,					
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID		5201	20112		2012			OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CC	DDE	
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61	
SECTION C - I	IEADQU	ARTE	RS OR									ıble)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME					
EB31326								ffalo N								
HEADQUARTERS OR ESTABLISHM			RESS					TY/TOW				STATE		ZIP CC		
2871 Broadway			EMDI	OVED	IDENT	PIETO A		UFFAL		`		NY		1422	27	
					952920	557				, 						
X YES (Employer Is Eligib				• EMPLO oyer Is N						NO LON	NGER I	N BUS	INESS			
	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'									
	. 5	Unique Entity ID (UEI): Not Applicable  ent Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  Headquarters is Federal Contractor)  YES (Non Headquarters Fetablishment is Federal Contractor)														
	Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment 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)															
		eadquarters is Federal Contractor)														
	423			ON G - N ehicle P					salers							
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA							
							Race/E									
		anic				-1-	Not	Hispan	ic or L	atino						
	or La	atino 			IVI	ale					ren	nale				
				an		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races		an		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races		
JOB CATEGORIES		<u>0</u>	<sub>m</sub>	Black or African American	ι	aiia Isla	American Indian or Alaska Native	e Ra		Black or African American	_	aiia Isla	American Indian or Alaska Native	e Ra	Row Total	
	Male	Female	White	ck or Afric American	Asian	law;	a N	Aore	White	Black or	Asian	law:	n In	Aore	1000	
	_	Fe	>	ck c	٧	e H Pac	rica ask	or N	>	Bla	٧	e H Pac	rica ask	or N		
				Bla		ativ	A A	۸o		Afric		ativ	me Al	۸o		
						2 2	•	ŕ				Ζδ	•	ŕ		
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	1	0	0	0	0	0	4	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	8	0	0	0	0	0	3	1	0	0	0	0	12	
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	7	5	0	0	0	0	2	0	0	0	0	0	14	
Laborers and Helpers Service Workers	0	0	0	7	0	0	0	0	0	0	0	0	0	0	16 0	
CURRENT 2023 REPORTING YEAR TOTAL		0	25	12	0	0	0	1	6	1	0	0	0	0	46	
CONNENT 2023 REPORTING TEAR TOTAL		U	20	12	U	U	U	' 	U	'	U	U	U	U	40	
PRIOR 2022 REPORTING YEAR TOTAL	_ 2	0	26	4	0	0	0	0	9	0	0	0	0	0	41	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII LOTEK II	SECTION A – TYPE OF REPORT													e: 11/30/	2026
			-	TION A - BLISHN				:T			•				
		SECT	TON E	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID						-		OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800						HICAG				IL		6066	
			20.00	TOTAL D						TT 0 3 7 //				0000	,,
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	RS OR							ΓΙΟΝ (11 Γ-LEVEL		able)			
					пеарс		ario CA				INAME				
HF15035						Onta				ore					
HEADQUARTERS OR ESTABLISHM			DRESS					TY/TOW				STATE		ZIP CO	
405 S. Wanam	aker Ave	e.					0	NTARI	0			CA		9176	31
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)	•		•		
	,	SECTIO	ON E -	EMPLO	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligib	le to File)	□NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SI	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA	TION (i	if applic	able)					
<u> </u>	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable  ishment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
VFS (Single-Establish	Establishment Employer is Federal Contractor) <b>TYES</b> (Multi-Establishment Employer is Federal Contractor)														
	e-Establishment Employer is Federal Contractor)														
☐ YES	☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
		S	ECTIO	NG-N	NAICS	INFOR	MATIO	N							
	4231	140 - M	otor V	ehicle P	arts (U	lsed) M	erchant	Whole	salers						
	SE	ECTION	V H – V	VORKF	ORCE										
							Race/E								
		oanic					Not	Hispan	ic or L	.atino					
	or La	atino		1	M	ale				1	Fen	nale	1		
JOB CATEGORIES		o.		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 Islander	American Indian or Alaska Native	Two or More Races	Row
	Male	ale	ite	rica Tica	Asian	wa ic I	Na Na	ore	ite	k o	Asian	wa ic I	In Na	ore	Total
	Ľ	Female	White	ck or Afric American	Asi	Ha	an	Ĕ	White	Black or	Asi	E H	an ika	Ĕ	
		ш.		A ack		δg	eric	ō		B		ě ç	eric	ō	
				ä		lati	ΨA	, <b>Š</b>		Afr		lati	A A	, <b>Š</b>	
						<b>~</b> 5	1	-				~ ō	1	-	
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	1	0	0	0	0	0	1	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers 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	1	0	0	1	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers	2	0	0	3	0	0	0	0	0	0	0	0	0	0	5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	. 4	0	1	4	0	0	0	0	1	0	0	0	0	0	10
PRIOR 2022 REPORTING VEAR TOTAL	1	0	1	0	n	0	0	0	1	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME DP29473 Tampa FL - Keystone Largo HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 9862 Currie Davis Dr **TAMPA** 33619 FL SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

	SE	CTION	1 H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La				М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	2	0	0	0	0	0	1	0	0	0	0	0	4
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	1	0	4	0	0	0	0	0	2	0	0	0	0	0	7
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	7	1	4	8	0	0	0	1	0	0	0	0	0	0	21
Laborers and Helpers	7	0	0	1	0	0	0	0	0	0	0	0	0	0	8
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	16	2	10	9	0	0	0	1	3	0	0	0	0	0	41
PRIOR 2022 REPORTING YEAR TOTAL	13	0	13	8	0	0	0	1	3	0	0	0	0	0	38

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/202

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INI	2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)  SECTION A – TYPE OF REPORT													e: 11/30/	
				TION A		-	-	RT.							
		SECT	TON B	В – ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	0 IL - 0	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HI	CADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
EP17975							Jan	esville \	WI						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
2101 Beloit	Ave						JAI	NESVIL	LE.			WI		5354	<del>1</del> 6
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)	<u> </u>		<u> </u>		
	9	SECTIO	ON E -	EMPL			FLICI	RILITY	V						
X YES (Employer Is Eligible										NO LOI	NGER I	IN BUS	INESS		
	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
SEC.	Unique Entity ID (UEI): Not Applicable														
YES (Single-Establishm	ent Employer is Federal Contractor) 🔲 YES (Multi-Establishment Employer is Federal Contractor)														
<del>_</del>															
LI YES (F	eadquai	_						-					ractor)		
				ne or Mo					ments i	s Federa	l Contra	actor)			
	4231	S: 140 - M	ECTION VIOLENTIAL CONTRACTOR CONT	ON G - N ehicle P	NAICS arts (U	INFOR sed) M	MATIO erchant	N Whole	salers						
				VORKF											
							Race/E	thnicity	y						
	Hisp						Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fer	nale			
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
	N	Fe	8	Black c Am	¥	Native H Other Pac	America Alask	Two or N	8	Bla African	¥	Native H Other Pac	America Alask	Two or N	
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 Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

0

12/10/2023 - 12/23/2023

0

0

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT												08/2023 mber: 30- te: 11/30/	46-0049
		SECTION ESTABLIS		_	-				•				
	CECT	TION B – E											
OFS COMPANY ID	SECI	ION B – E.	MPLU	YEK IDEN		OYER N	AME.						
AC16425				CHICAG				OFFICE					
ADDRESS					C	ITY/TOV	/N			STATE		ZIP CO	DDE
500 W MADISON	ST STE 2800				C	HICAG	0			IL		6066	61
SECTION C - I	HEADQUARTE:	RS OR EST								ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID			HEA	DQUARTE				LEVEL	NAME				
QP16391					Noi	cross C	SA .						
HEADQUARTERS OR ESTABLISHM	MENT-LEVEL ADI	DRESS			STATE		ZIP CO	DE					
6325 Regency	/ Parkway			GA		3007	71						
6325 Regency Parkway NORCROSS GA 30071  SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557													
	SECTION	ON E – EM	PLOYE	ER FILING	G ELIG	BILIT	Y						
X YES (Employer Is Eligib	le to File) 🔲 NO	(Employer	Is Not E	ligible to I	File)	EMPL	OYER I	NO LON	IGER I	N BUS	NESS		
SI	ECTION F – FE	DERAL CO ique Entity I					if applic	able)					
☐ YES (Single-Establish	ment Employer is	Federal Cor	tractor)	YES (	Multi-Es	tablishn	nent Emp	ployer is	Federal	Contra	ctor)		
☐ YES	(Headquarters is 1	Federal Con	ractor)	YES (I	Non-Hea	dquarter	s Establi	ishment i	s Feder	al Contr	actor)		
		ES (One or	More N	Non-Headq	uarters I	Establish	ments is	s Federal	l Contra	ictor)			
	<b>S</b> 423140 - M	ECTION G lotor Vehicl					salers						
	SECTION	H – WOR	KFORG	CE DEMO	GRAPI	HIC DA	TA						
						thnicit							
	Hispanic or Latino			Male	Not	Hispan	ic or L	atino	Fan	nale			
	or Latino			iviale		1			ren	idle			
		can		an or ander	an or ve	aces		can		an or ander	an or ve	aces	Row

	Race/Ethnicity														
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3
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 2023 REPORTING YEAR TOTAL	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

## SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION

OFS COMPANY ID

EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

HF15343 Houston TX - APO

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 1020 Northville Street **HOUSTON** 77038 TX

## SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

## 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

## SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
								•	,						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	2	1	0	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

ZVZV ZWII ZV I ZWI	Expiration Date: 11/30/ SECTION A – TYPE OF REPORT													2026	
				TION A -				:T			•				
		SECT		B – EMP											
OFS COMPANY ID		SECI	IONI	– Ewii	LOIL	KIDEN		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - I	IEADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
GN78873						Browns				house					
HEADQUARTERS OR ESTABLISH			RESS					TY/TOW				STATE		ZIP CO	
17950 Dix Tole								WNST				MI		4819	93
	SECTI	ON D -	EMPI	LOYER	IDENT 952920	TIFICA' <mark>557</mark>	TION N	UMBE	R (EIN	)					
X YES (Employer Is Eligib				EMPLO						NO LON	JCED I	INI DI ICI	INIECC		
	ECTION										(GEK I	IN DUSI	INESS		
Si	ECTION	r – rei Uni	ique En	tity ID (	UEI):	Not App	olicable	HON (I	п аррис	abie)					
YES (Single-Establish	shment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  S (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
_	6 (Headquarters is Federal Contractor)														
	(Headquarters is Federal Contractor)														
	423	140 - M	otor V	ehicle P	arts (U	INFOR	erchant	Whole	salers						
				VORKF		DEMO	GRAPI	IIC DA	TA						
			1				Race/E		,						
		anic atino			м	ale	Not	Hispan	ic or L	atino	Fen	nale			
	0, 1,	atimo			IVI	aic					I CII	liaic			
				_		or der	ō	es		_		or der	ō	es	
IOD CATECORIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	Φ	ale	ţe.	ck or Afric American	ur.	vaii	Indi	ē	te	Black or	Ē	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	ē	Total
	Male	Female	White	or,	Asian	Hav	an I ka I	Mo	White	ack 1A r	Asian	Hav	an I ka I	Ø	
		Ľ	_	A P	1	Pa Ve	eric lasl	ō	_	Bl	•	Ve I	arica	ō	
				Bla		ati her	me Al	8		Afri		ati	Al	8	
						Zδ	٩	Η.		,		Ζŏ	٩	-	
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	6	0	0	0	0	1	1	0	0	0	0	0	8
Professionals	0	0	2	0	0	0	0	0	0	1	0	0	0	0	3
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	23	1	0	0	1	1	1	0	0	0	0	0	29
Laborers and Helpers	2	0	22	27	0	0	0	2	8	8	0	0	0	0	69
Service Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
CURRENT 2023 REPORTING YEAR TOTAL	_ 4	0	54	28	0	0	1	4	12	9	0	0	0	0	112
PRIOR 2022 REPORTING YEAR TOTAL	_ 2	0	22	5	0	0	0	1	4	1	0	0	0	0	35

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENTI EO TEXT	Expiration Date: 11/30/2  SECTION A – TYPE OF REPORT													2026	
				TION A BLISHN				:T							
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - I	IEADQU	ARTE	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	ıble)	,		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
EB30372						(	Frand R								
HEADQUARTERS OR ESTABLISHM		EL ADE	DRESS					TY/TOW				STATE		ZIP CC	
4676 Divisio								AYLAN				MI		4934	18
	SECTI	ON D -	EMPI	LOYER	IDEN <sup>7</sup> 952920		TION N	UMBE	R (EIN	)					
X YES (Employer Is Eligib				• EMPLO over Is N						NO LON	NGER I	N BUSI	NESS		
	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'								
_				tity ID (											
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	(Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
				ehicle P											
	SE	CTION	N H – V	VORKF	ORCE										
	Uion	anic	1				Race/E	tnnicit Hispan	<u>,                                      </u>	otino					
		atino			М	ale	NOL	пізрап	IC OI L	auno	Fen	nale			
				ur.		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	or e	Two or More Races	
JOB CATEGORIES		<b>a</b>		Black or African American		iiar Sla	nerican Indian Alaska Native	Ra		Black or African American		iiar Sla	American Indian or Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	iwa	Na Na	ore	White	Black or an Amer	Asian	iwa fic I	Na Na	ore	Total
	Ĭ	-en	₹	r or	As	Ha aci	can	Š	₹	slac an A	As	Ha	can	Š	
		_		acl		P K	eric	ō		E Si		F F	erie	ō	
				圈		Nat	Am,	ĕ		₽ŧ		Nat	Am,	≥	
						- 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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	0	2	0	0	0	0	0	1	0	0	0	0	0	5
Administrative Support Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	6	0	0	0	0	0	2	0	0	0	0	0	9
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 2023 REPORTING YEAR TOTAL	_ 3	0	11	0	0	0	0	0	4	0	0	0	0	0	18
PRIOR 2022 REPORTING YEAR TOTAL	_ 1	0	10	0	0	0	0	0	3	0	0	0	0	0	14

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMPLOYER IN	FORM	AHO	NKEI	OKI (	EEO-	COM	PONE.	N I I)					ation Da						
				TION A BLISHN				RT											
		SECT	TION E	– EMP	LOYE	R IDEN													
OFS COMPANY ID								OYER N											
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE									
ADDRESS	CITY/TOWN STATE ZIP CODE											DDE							
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	<b>3</b> 1				
SECTION C – H	EADOU	ARTE	RS OR	ESTAB	LISHN	/ENT-I	EVEL	IDENT	IFICA'	TION (i	f applica	upplicable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	Bill Qu			201112	HEADQ	UARTE	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME								
QP16422		Marietta GA																	
HEADQUARTERS OR ESTABLISHM	FNT-LEV	/FL ADI	ORFSS				CI	TY/TOW	/N			STATE	1	ZIP CC	DF				
503 Commerce Park D								ARIET				GA		3006					
ood commerce i and a														0000					
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557																			
		SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y										
X YES (Employer Is Eligible	e to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUS	INESS						
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 (I	Headqua				. —			•					actor)						
				ne or Mo		_			ments i	s Federa	l Contra	actor)							
	4231	S 140 - M	ECTION V	ON G - I ehicle F	NAICS	INFOR	MATIO erchant	N Whole	salers										
	SE	CTION	VH-V	VORKE	ORCE	DEMO	GRAPI	IIC DA	TA										
							Race/E												
	Hisp	anic					Not	Hispan	ic or L	atino									
		atino			M	ale					Fer	nale							
												_							
				_		der o	ō	es		_		o e	ō	es					
IOD OATEOODIEO				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	Row				
JOB CATEGORIES		<u>e</u>	ø	ck or Afric American	_	aii	ndi. Iati	ė.	Q.	Black or an Amer	_	aii	ati ati	e E	Total				
	Male	Female	White	or A	Asian	a iii a∧	n li	Jō.	White	장	Asian	a iii a	a P	lo.					
	2	Fe	>	l X E	Ř	1 S S	ica Isk		>	Bla	₹	9 H	ica						
				lac		er F	ner Ala	0		i		ti er F	Ala	0					
				ш		P S	An	_ ≥		Ā		P S	An	≥					
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 Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Operatives	1	0	1	0	0	0	0	0	1	0	0	0	0	0	3				
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

U.S. EQUAL EMPLOY 2023 EMPLOYER INI												OMB Co	Revised ontrol Nu	08/2023 mber: 30	46-0049					
SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT																				
OFS COMPANY ID		SECT	TION B	8 – EMI	LOYE	R IDEN		ATION OYER N	AME											
AC16425	CHICAGO IL - CORPORATE OFFICE																			
ADDRESS							C	TY/TOW	VN			STATE ZIP CODE								
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61					
	SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME									
QP16554								hassee												
HEADQUARTERS OR ESTABLISHME			DRESS					TY/TOW				STATE		ZIP CODE						
1660-3 Norman	Park D	)r					TAL	LAHAS	SEE			FL	04							
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557																				
<b>X VES</b> (Employer Is Eligible		-			-	FILING				NO LOI	NGER I	IN RUSI	INESS							
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)																				
	,11011					Not App			паррие	4010)										
☐ YES (Single-Establishme	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (I	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)							
YES (H	eadqua	rters is l	Federal	Contrac	tor)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)							
_ `	•	□ Y	ES (O	ne or Mo	ore Non	-Headqı	arters E	stablish					,							
	4231					INFOR Ised) M			salers											
						DEMO														
							Race/E		•											
	Hispanic Not Hispanic or Latino																			
	or La	atino			IVI	ale	1				Fer	nale								
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					
F (0	_	_		<del>                                     </del>	_	<u> </u>		_	_		_		_	_						

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 2023 REPORTING YEAR TOTAL** 

> SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

## SECTION A - TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT												
SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID EMPLOYER NAME												
AC16425	CHICAGO IL - CORPORATE OFFICE											
ADDRES	S	CITY/TOWN	STATE	ZIP CODE								
500 W MADISO	N ST STE 2800	CHICAGO IL 6										
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID	/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME											

EB31683 San Diego CA

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE

7411 Goen Pl. Suite B SAN DIEGO CA 92120

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

## SECTION E - EMPLOYER FILING ELIGIBILITY

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

## ${\bf SECTION}\ {\bf F-FEDERAL}\ {\bf CONTRACTOR}\ {\bf DESIGNATION}\ ({\bf if\ applicable})$

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

## SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity																
	•															
			Not Hispanic or Latino													
	or La	atino			M	ale					Fen	nale				
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	1	0	0	0	1	0	0	0	0	0	0	0	0	0	2	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	3	0	1	0	1	0	0	0	1	0	0	0	0	0	6	
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	7	0	1	1	0	3	0	0	0	0	0	0	0	0	12	
Laborers and Helpers	5	0	2	1	0	0	0	1	0	0	0	0	0	0	9	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2023 REPORTING YEAR TOTAL	16	0	4	2	2	3	0	1	1	0	0	0	0	0	29	
PRIOR 2022 REPORTING YEAR TOTAL	12	0	5	0	7	2	0	2	1	0	0	0	0	0	29	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`				,				Expir	ation Dat	e: 11/30/	2026
				TION A BLISHN				т							
		OE OI													
OFS COMPANY ID		SECI	IONE	- EMP	LOYE	K IDEN		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800						HICAG				IL		6066	
															)
SECTION C – I	IEADQU	ARTE	RS OR							T <b>ION</b> (11 T-LEVEL		ıble)			
QP16213					TILADQ	OMMILI				-LL V LL	TVIVIL				
HEADQUARTERS OR ESTABLISH	AENT LEV	Grand Rapids MI  ENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE												DE	
HEADQUARTERS OR ESTABLISHE 4259 40th		EL ADL	JKESS					ND RA				MI		4951	
4239 4011												IVII		4901	12
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557															
				EMPL											
X YES (Employer Is Eligib	le to File)	∐NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER I	N BUSI	NESS		
Si	ECTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA	ΓΙΟΝ (i	if applic	able)					
			-	tity ID (											
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federal	l Contra	ctor)		
☐ YES	(Headqua	rters is l	Federal	Contrac	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
_		Пν	FS (O	ne or Mo	ore Non	-Headau	arters F	etablich	mente i	s Federa	1 Contro	actor)	•		
				)N G - 1					ilicitts i	s i cucia	i Contr	ictor)			
	423			ehicle P					salers						
				VORKF											
Race/Ethnicity															
		anic					Not	Hispan	ic or L	atino					
	or L	atino			IVI	ale					Fen	nale			
						- <del>-</del>	L	w				- a	_	w	
				an		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races	_
JOB CATEGORIES		0		Black or African American		iiai Isla	nerican Indian Alaska Native	Ra		Black or African American		iiai Isla	American Indian Alaska Native	S <sub>a</sub>	Row Total
	Male	Female	White	ck or Afric American	Asian	ic I	Na Na	ore	White	Black or an Amer	Asian	ic I	Na Na	ore	Total
	Ĕ	i ie	₹	r or	As	aci Ha	san	Š	₹	lac In A	As	ac Ha	can ska	Š	
		-		ack		δg	eric	ō		B		δg	eric	ō	
				B		lati	ΨĀ	آ		Afr		lati	ΨĀ	≥	
						20	`	_				2 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	8	0	1	0	0	0	1	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 2023 REPORTING YEAR TOTA	L 1	0	9	0	1	0	0	0	2	0	0	0	0	0	13
PRIOR 2022 REPORTING YEAR TOTA	_ 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

U.S. EQUAL EMPLOY 2023 EMPLOYER INF												OMB Co	andard F Revised ontrol Nu- ation Dat	08/2023 mber: 30-	46-0049
				TION A BLISHN		-	-				•				
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HE	ADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADÇ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
QP17172							San L	.eandro	CA						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DE
1991 Burrough														77	
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	ot Elig	ible to F	ile)	EMPL	OYER	NO LON	IGER I	IN BUSI	NESS		
SEC	TION			L CONT				TION (	if applic	able)					
_			_	tity ID (											
YES (Single-Establishme	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (H	eadqua	rters is I	Federal	Contrac	tor)	YES (N	lon-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
						•			ments i	s Federa	l Contra	actor)			
	4231	S 140 - M	ECTIO	NG-I ehicle P	NAICS arts (U	INFOR	MATIC erchant	N Whole	salers						
				VORKF											
							Race/E		•						
	Hisp						Not	Hispan	ic or L	atino					
	or La	atino			M	ale	1				Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Vative Hawaiian or ther Pacific Islander	American Indian or Alaska Native	wo or More Races	White	Black or African American	Asian	Vative Hawaiian or ther Pacific Islander	American Indian or Alaska Native	wo or More Races	Row Total

							Race/E	unnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	1	0	1	0	0	1	0	0	0	0	0	0	0	3
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 2023 REPORTING YEAR TOTAL	0	1	0	1	0	0	1	0	0	0	0	0	0	0	3
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLO 2023 EMPLOYER IN												OMB Co	Revised ontrol Nu	08/2023 mber: 30- te: 11/30/	46-0049
			SECT	TON A	– TYPI	E OF RI	EPORT				I				
			_	_		LEVEL	_								
OFG COMPANY ID		SECT	TON B	– EMP	LOYE	R IDEN			A 3 4TC						
OFS COMPANY ID AC16425					C	HICAG		OYER N		OFFICE					
						ПОЛО				OFFICE		OTT + TTT		TID CC	- DE
ADDRESS 500 W MADISON S	т отг	2000						TY/TOW HICAG				STATE		ZIP CO	
			DG OD	TOTAL T	T TOTTE	ATTAIN T				ETON (	c 1:			0000	) I
SECTION C – HI	LADQU	ARTE	RS OR	ESTAE		<u>IENT-L</u> DUARTEI						ible)			
QP16477					`			esville l							
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CO	DDE
1809 W Fro	nt St						STA	TESVI	LLE			NC		2867	77
	SECTI	ON D -	EMPI	LOYER	IDENT	TIFICA'	TION N	UMBE	R (EIN	)					
	952920557 SECTION E – 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)														
SEC	CTION							TION (i	if applic	able)					
			_	-		Not App		. 1 11 1							
☐ YES (Single-Establishm	•	•				`							,		
YES (F	leadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
	400					INFOR									
						DEMO									
	51		111 1	·ORIE	ORCL		Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino		ı	М	ale	1				Fen	nale	ı		
				E E		Native Hawaiian or Other Pacific Islander	n or e	seo		an		Native Hawaiian or Other Pacific Islander	or e	seo	
JOB CATEGORIES		<u>0</u>	d)	Black or African American	_	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	ø	Black or African American	_	Native Hawaiian Other Pacific Islan	American Indian Alaska Native	or More Races	Row Total
	Male	Female	White	ck or Afric American	Asian	law	ın Ir a N	Mor	White	Black or an Amer	Asian	law	a l	Mor	
		F.	>	Am	⋖	Ve F	ask	or I	>	Bla	⋖	Ve F Pac	ask	or	
				Bla		lativ	\me	wo		Afri		lati her	\me	Two	
						<b>∠</b> g	1	_				<b>~</b> 8	1	-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

First/Mid-Level Officials and Managers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Administrative Support Workers

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER II	NFORM	IATIO	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Da		
			SECT	TION A	- TYP	E OF RI	EPORT								
			ESTA	BLISH	∕IENT-I	LEVEL	REPOR	RT							
		SECT	TION F	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	Ю			IL		606	61
SECTION C - I	IEADQU	JARTE	RS OR	ESTAB								able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
QP16712							M	iami FL	_						
HEADQUARTERS OR ESTABLISHM	MENT-LEV	VEL ADI	DRESS				Cl	TY/TOV	VN			STATE		ZIP CC	DDE
10430 SW <sup>2</sup>								MIAMI				FL		331	57
		OND	EM (D)	OVED	IDEN	ETETOA	TIONIN			D.					
				9	952920	557			•	)					
											NGER	IN BUS	INESS		
SI	ECTION							TION (	if applic	able)					
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor)	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	Headqua	rters is	Federal	Contrac	tor)	YES (N	lon-Head	dguarter	s Establ	ishment	is Feder	ral Contr	ractor)		
_	NST STE 2800  CHICAGO  IL 6066  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Miami FL  MIMENT-LEVEL ADDRESS  CITY/TOWN STATE JIP COI  187th St  MIAMI FL 3315  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - 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): Not Applicable Shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Or Latino Male  Female														
	CITY/TOWN STATE ZIPCOD  N ST STE 2800 CHICAGO IL 60661  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  Miami FL  MENT-LEVEL ADDRESS CITY/TOWN STATE ZIPCOD  187th St MIAMI FL 33157  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  952920557  SECTION E - EMPLOYER FILING ELIGIBILITY  ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  G (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino  or Latino Male Female														
	SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  SECTION E - EMPLOYER FILING ELIGIBILITY ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS ECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) G(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers														
	Hisp	oanic					Not	Hispan	ic or L	atino					
	or L	atino			M	ale					Fer	nale			
						_						_			
				_		o e	ō	es		_		ē ē	ō	es	
JOB CATEGORIES				cal		an	an Ne	\ac		<u> </u>		an	an Ne	Sac	Row
JOB CATEGORIES	Φ	Female	ē	ck or Afrio American	_	/aii	ndi Iati	ė	ę.	Black or an Amer	_	aii s	ndi Iati	e.	Total
	Male	E	White	or 4	Asian	a jii	a = Z	٥	White	Ā	Asian	a jii a	a = =	ē	
		Fe	<	ا الله	⋖	a a	ica	_	>	Bla an	⋖	E SE	ica	_	
				lac /		iš ž	Ne le le le le le le le le le le le le le	0		_ :5		iš ž	Ner Ner	0	
				B		the dat	Α,	Š		₽¥		the dat	Α,	ڏ	
						-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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers Operatives	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0 4
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

0

12/10/2023 - 12/23/2023

0

0

0

0

0

0

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

Service Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`				,				Expir	ration Dat	e: 11/30/	2026
				TION A BLISHN											
		SECT		B – EMP											
OFS COMPANY ID		BECI	TONE	- 151411	LOIL	KIDEN		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C -	HEADOL	IARTE	RS OR	ESTAB	RLISHN	/ENT-I	EVEL	IDENT	TFICA'	FION (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	IIII QC			201112	HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
GA30027							Bloom	nington	CA						
HEADQUARTERS OR ESTABLISH	MENT-LEV	VEL ADE	DRESS				CI	TY/TOV	VN			STATE		ZIP CC	DDE
221 East San	ta Ana Av	/e					BLO	OMING	TON			CA		923	16
	SECTI	ON D -	- EMPI	LOYER	IDENT 953072		TION N	UMBE	R (EIN	)	•				
<u>_</u>				EMPL	OYER	FILING									
YES (Employer Is Eligit				-							NGER 1	IN BUS	INESS		
S	ECTION			L CONT tity ID (				TION (	if applic	able)					
☐ YES (Single-Establish	ment Emp							tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
□ves	(Headqua	rters is l	Federal	Contrac	tor)	VES (N	on_Head	danarter	s Establ	ishment	is Feder	al Contr	ractor)		
	(Headqua				. —			•		s Federa			actor)		
				ON G - I					inichts i	3 I cacia	ı conu	uctor)			
		140 - M	lotor V	ehicle P	Parts (U	lsed) Mo	erchant	Whole							
	SE	ECTION	N H – V	VORKF	ORCE										
							Race/E		•						
		oanic				ala	Not	Hispan	ic or L	atino	Far				
	or L	atino			IVI	ale	l				Fer	nale	1		
JOB CATEGORIES				rican In		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	dian or tive	Two or More Races	Row
	Male	Female	White	Black or African American	Asian	Hawa acific I	nerican Indian Alaska Native	More	White	Black or an Amer	Asian	Hawa acific I	nerican Indian Alaska Native	More	Total
		"		Black		lative her Pa	meric Alas	wo or		B Africa		lative her Pa	American Indian Alaska Native	wo or	
						2 ō	,	_				2 8		_	
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 Tachnicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	3	1	0	0	0	0	0	0	0	0	0	0	0	0	4
Administrative Support Workers	0	3	0	0	0	0	0	0	1	0	0	0	0	1	5
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	10	0	2	1	1	0	0	0	0	0	0	0	0	0	14
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA	L 13	5	3	1	1	0	0	0	1	0	0	0	0	1	25
															1
PRIOR 2022 REPORTING YEAR TOTA	L 11	1	3	2	0	0	1	1	0	0	0	0	0	0	19

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMI LOTER II	AL OKM	ATIO	N KEI	OKI (	EEO-	COM	I ONE.	111)				Expir	ation Dat	e: 11/30/	2026								
				TION A BLISHN				:T			•												
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION															
OFS COMPANY ID								OYER N	AME														
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE	Ē												
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE								
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81								
SECTION C – I HO/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTEI	RS OR							<b>ΓΙΟΝ</b> (if Γ-LEVEL		able)											
QP17293					пеарс	UAKIEI		Barbar		I-LEVEL	NAME												
HEADQUARTERS OR ESTABLISHM	MENT-LEV	EL ADD	RESS					TY/TOW				STATE		ZIP CO	DE								
137 S Quaran								A BAR				CA											
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)													
X YES (Employer Is Eligib				EMPL	OYER	FILING				NO LON	NCFD I	IN BLIC	INFCC										
	ECTION										IGER	пов	LIVESS										
		Uni	ique En	tity ID (	UEI):	Not App	licable																
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)										
☐ YES	(Headquai	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)										
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	ıl Contra	actor)											
	4231			ON G - I ehicle P					salers														
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA														
			ı				Race/E																
		anic atino			М	ale	Not	Hispan	IC OF L	atino	Fen	nale											
				an		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	an or	aces	Row								
JOB CATEGORIES	o l	<u>e</u>	ā	Black or African American	⊑	vaiia c Isl	nerican Indian Alaska Native	ē R	ā	or	⊆	vaiia c Isl	ndia Iati	ē R	Total								
	Male	Female	White	or /	Asian	Hav	an I ka N	Mo	White	Black or	Asian	Hav	an I ka N	Mo									
		Ľ		ack An	`	r Pa	eric	ō		BI	`	r Pa	eric	ō									
				B		Nati	Ame A	Ň		Afr		Nati	Ame	Ň									
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	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								
Technicians	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										
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	ATE ZIP CODE CA 93103  BUSINESS  Contractor) Contractor) The American Indian or American Indian or American Indian or Alaska Native  Contractor) The American Indian or American Indian or Alaska Native  Contractor) The American Indian or Alaska Native  Contractor)										
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0								
Operatives	3	0	1	0	0	0	0	0	0	0	0	0	0	0	4								
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 2023 REPORTING YEAR TOTAL	_ 3	0	1	0	0	0	0	0	0	0	0	0	0	0	4								
PRIOR 2022 REPORTING YEAR TOTAL	_ 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0								

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REF	PORT (	EEO-1	1 COM	PONE	NT 1)													
			SECT	TON A	– TYPI	E OF RI	EPORT														
			ESTA	BLISH	/ENT-l	LEVEL I	REPOR	T.													
		SECT	TION B	B – EMP	LOYE	R IDEN	TIFICA	TION													
OFS COMPANY ID																					
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE											
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE						
500 W MADISON S	T STE	2800					C	HICAG	0			IL		6066	81						
			RS OR	ESTAB	LISHN	AENT-L				TION (i	f applica	able)									
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME										
EV54051							Mt.	Airy M	D												
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CO	DE						
3923 Twin Arc	h Road						MO	UNT A	IRY			MD		2177	<b>'</b> 1						
	SECTI	ON D -	- EMPI				TION N	UMBE	R (EIN	)	•		•								
	5	SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y												
X YES (Employer Is Eligible	to File)	□NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPLO	OYER	NO LO	NGER	IN BUS	INESS								
SEC	, 11O1V							11011(1	паррис	auic)											
VEC (Single Establishm	ont Emn		-					toblichm	ont Em	nlover is	Endoro	1 Contro	ator)								
<del>-</del> · · ·	-	•	NO (Employer Is Not Eligible to File)																		
TYES (H	leadqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lquarters	s Establ	ishment	is Feder	ral Contr	ractor)								
		П	952920557  ECTION E – EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS  F-FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable oyer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)																		
			MOUNT AIRY  MD 21771  ON D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557  ECTION E - EMPLOYER FILING ELIGIBILITY  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS  F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable oyer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor) ters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)																		
	4231	140 - M	lotor V	ehicle P	arts (U	lsed) M	erchant	Whole	salers												
	SE	CTION	N H – V	VORKF	ORCE																
							Race/E														
		anic					Not	Hispan	ic or L	.atino											
	or La	atino			IVI	ale					Fer	naie									
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Races		r erican		iian or slander	lian or tive	Races	Row						
	Male	ale	ite	Africa	an	wai	Inc Na	re	ite	k o	an	wai	Na P	re	Total						
	Ma	Female	White	ck or Afric American	Asian	Ha	ka	ĭ	≥ F	lac n A	Asi	Ha SCif	ka ka	¥							
		ш.		ack	,	å ⊊	eric Ias	o		<u> 8</u>		å g	eric las	or							
				Bi		ati he	ă V	۸o		₩		lati he	۷ ۾	οw							
						2 5	٩	_				2 8	٩	_							
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	1	ATE OFFICE    STATE   ZIP CODE   IL   60661   IL   60661   ICATION (if applicable)   MENT-LEVEL NAME    STATE   ZIP CODE   MENT-LEVEL NAME   MID   21771    (EIN)   MD   21771    (EIN)   MD   21771    (EIN)   MD   MID											
Technicians	0	0	0	0	0	0	0	0	Expiration Date: 11/30/202    Normal												
Sales Workers	0	0	0	0	0	0	0	0							2						
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	1	2						
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1						
Operatives	4	0	5	1	0	0	0	0	1	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						
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	4	0	8	1	0	0	0	0	4	0	0	0	0	1	18						

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMI LOTER II	II OKW	AHO	IN INE	OKI	EEO-	COM	I ONE.	N1 1)				Expir	ration Dat	e: 11/30/	2026
				TION A BLISHN				RT.							
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - I	IEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	TION (i	f applica	able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
EW17202							Stockto								
HEADQUARTERS OR ESTABLISHM			DRESS					TY/TOV				STATE		ZIP CO	
1016 South W		•	ELEDI	OVED	TDEN	DIET CA		OCKT				CA		9520	)5
					952907	390				)					
X YES (Employer Is Eligib				• EMPLO oyer Is N						NO LOI	NGER I	IN BUS	INESS		
SI	ECTION			L CONT				TION (	if applic	able)					
☐ YES (Single-Establish	ment Emp		-					tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	- Headana	rters is I	Federal	Contrac	tor)	VES (N	on_Head	lanarter	c Fetahl	ishment	is Feder	al Contr	actor)		
	Treadqua			ne or Mo									uctor)		
				ON G - I		_			illients i	s reuera	ii Coliua	actor)			
	423	140 - M	otor V	ehicle P	arts (U	lsed) M	erchant	Whole	salers						
	SE	CTION	V H – V	VORKF	ORCE										ı
			1				Race/E								
		anic atino			М	ale	Not	Hispan	ic or L	atino	Fer	nale			
	<u> </u>														
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
		Ľ		Black An		Native Other Pa	Americ Alas	Two or		BI Africa		Native Other Pa	Americ Alas	Two or	
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 6
Professionals	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	3	0	1	0	0	0	0	0	0	0	0	0	5
Administrative Support Workers	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
Craft Workers	7	0	2	0	0	0	0	0	0	0	0	0	0	0	9
Operatives	3	0	0	1	1	0	0	1	0	0	0	0	0	0	6
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 2023 REPORTING YEAR TOTAL	_ 14	2	8	1	2	0	1	1	0	0	0	0	0	0	29
PRIOR 2022 REPORTING YEAR TOTAL	_ 8	1	10	0	2	0	0	1	0	0	0	0	0	0	22

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100)

~	LOYMENT OPPORTUNITY C INFORMATION REPORT (EF	· · · · · · · · · · · · · · · · · · ·	OMB Contr	vised 08/2023 rol Number: 3046-0049 on Date: 11/30/2026								
	SECTION A - T	TYPE OF REPORT										
	ESTABLISHME	NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425		CHICAGO IL - CORPORATE OFFICE										
ADDRES	S	CITY/TOWN	STATE	ZIP CODE								
500 W MADISON ST STE 2800 CHICAGO IL 60661  SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQÆSTABLISHMENT-LEVEL UNIT ID  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
EK02415		Crystal River FL - Service										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
4950 West Nor	vell Bryant Hwy	CRYSTAL RIVER	FL	34429								
		ENTIFICATION NUMBER (EIN) 920557										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	ible to File) <b>NO</b> (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINI	ESS								
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : Not Applicable										
☐ YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Feder	eral Contracto	r)								
☐ YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fed	deral Contract	or)								
	YES (One or More	Non-Headquarters Establishments is Federal Cor	ntractor)									

# SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	( n – v	VUKKI	UKCE	DEMIO	GKAPI	HC DA	1A						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
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 2023 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	1	0	0	0	0	0	7
PRIOR 2022 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

#### 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADOUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME JT56694 Chicago IL -South Chicago PYP HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 3130 S St Louis Ave **CHICAGO** 60623 IL SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 0 0 2 0 0 0 Professionals 0 0 0 0 0 0 0 0 0 0 0 0 0 1 Technicians 0 0 Sales Workers 2 4 0 0 0 0 0 0 0 2 0 0 0 0 8 Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 3 Craft Workers 0 0 0 0 0 0 13 0 2 2 0 0 0 0 0 0 0 0 0 18 Operatives 1 Laborers and Helpers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0

SECTION I - WORKFORCE SNAPSHOT PERIOD

0

0

0

0

0

0

0

0

0

0

0

2

0

0

0

0

0

0

0

0

0

33

15

0

2

0

16

12/10/2023 - 12/23/2

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

Service Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`				,				Expir	ation Dat	e: 11/30/	/2026
				TION A				_							
				BLISHN											
OFS COMPANY ID		SECT	TON E	– EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					C	HICAG				OFFICE					
						ПСАС				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C -	HEADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME				
JB60381						Eastv	ale CA	- KAO	Wareh	ouse					
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADI	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
15640 Cantu-Gallea	no Ranc	h Road					EA	STVA	LE			CA		9175	52
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)	I				
W vma an an an an an an an an an an an an an				EMPL	OYER	FILING							n maa		
X YES (Employer Is Eligit				-							NGER	IN BUS	INESS		
S	ECTION							ΓΙΟΝ (i	if applic	able)					
_				tity ID (											
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	(Headqua	rters is l	Federal	Contrac	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	ral Contr	actor)		
		Пν	ES (O	ne or Mo	ore Non	-Headar	arters F	stahlish	ments i	s Federa	l Contr	actor)			
				ON G - 1					inients i	s r caera	ı conu	uctor)			
	423			ehicle P					salers						
				VORKF											
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fer	nale	T		
				_		Native Hawaiian or Other Pacific Islande	ō	Two or More Races		Ę.		Native Hawaiian or Other Pacific Islander	p	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian Other Pacific Islan	American Indian Alaska Native	Ra	Row
JOB CATEGORIES	o o	Female	te	ck or Afric American	⊊	vai	Ind	<u>ē</u>	Ę.	Black or an Amer	⊊	cls	lat Aat	<u>ē</u>	Total
	Male	Ĕ	White	or,	Asian	ļa	an I	ě	White	A A	Asian	aş i	ia l	₽	
		ı,	>	Am Am	< <	e F	ica		>	Big	⋖	e F	S S		
				sla ,		er Ĕ	ner Ala	õ		fric		e ţ	Ala	Į į	
				ш		울	Ar	≥		⋖		울동	Ā	_≥	
														ł	
Executive/Senior Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
First/Mid-Level Officials and Managers Professionals	1	1	5 3	0	0	0	0	0	0	0	0	0	0	0	10 5
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	2	4	0	0	0	0	1	1	0	0	0	1	0	10
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	23 42	1 14	9	1	4	0	1	2	7	0	1	0	0	0	38 80
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA		18	31	3	6	0	1	4	9	2	1	0	1	0	145
CO.MENT EDEC NEI ONTINO TEAM TOTAL			J.	Ŭ									<u> </u>		. 70
PRIOR 2022 REPORTING YEAR TOTA	L 24	1	15	2	3	0	0	0	2	0	0	0	0	0	47
	1	1	1	i l	Ī	1	i l		1	1		i	1	1	1

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EWII EOTEKTI	(FORM	ATIO	N KEI	OKI (.	EEO-	COM	ONE	111)				Expi	ation Dat	e: 11/30/	2026								
				TON A - BLISHN				:T			•												
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION															
OFS COMPANY ID		BECI	10111	22.,11	LOIL	I IDE.		OYER N	AME														
AC16425					С	HICAG				OFFICE													
ADDRESS							CI	TY/TOW	VΝ			STATE		ZIP CO	DDE								
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61								
SECTION C - H	EADQU	ARTEI	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)											
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL													
EB30363						So	uthwick	MA - F	Route 1	6													
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE								
58 Sam Wes	t Road						SO	UTHW	ICK			MA		0100	01								
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)			<u> </u>										
	5	SECTIO	ON E -	EMPLO			ELIGI	BILITY	Y														
X YES (Employer Is Eligib	e to File)	□NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LON	NGER I	N BUS	INESS										
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA	ΓΙΟΝ (i	if applic	able)													
		Uni	ique En	tity ID (	<u>UEI)</u> :	Not App	licable																
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)										
T YES	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lauarter	s Establ	ishment	is Feder	al Contr	actor)										
<b>_</b>	1							_					,										
				ON G - N		_			ments i	s redera	i Conua	actor)											
	4231			ehicle P					salers														
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA														
							Race/E																
		anic					Not	Hispan	ic or L	atino													
	or La	atino		1 1	IVI	ale					Fen	nale											
				au		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		n or inder	n or e	seo									
JOB CATEGORIES		Φ		fric	_	aiia	dia ativ	20		or eric	_	aiia	dia ativ	20	Row Total								
	Male	Female	White	Black or African American	Asian	awa ific	nerican Indian Alaska Native	lore	White	Black or African American	sian	awa	n In	lore	Total								
	2	Fel	>	k o	ğ	ac ac	icaı ıska	≥ ≥	>	Bla	ğ	ac H	ica Iska	≥ ≥									
				slac /		er F	ner Ala	Õ		fric _		er F	ner Ala	Õ									
				ш		S a	An	≥		Ā		R S	An	≥									
Even this / Copies Love   Officials and Ma	0					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								
Professionals	0	0	1	0	1	0	0	0	0	0	0	0	0	0	2								
Technicians	0	0	0	0	0	0	0	0	0	0	0	IL   60661   applicable     NAME											
Sales Workers	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								
Operatives	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								
Service Workers	0	0	0	0	0	0	0	0	0	0					0								
CURRENT 2023 REPORTING YEAR TOTAL		0	1	0	1	0	0	0	0	0	0	0	0	0	2								
DDIOD 2022 DEDODTING VEAD TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2								

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

	SECTION B - EMPLO	YER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
AC16425		CHICAGO IL - CORPORATE OFFICE								
ADDRESS CITY/TOWN STATE ZIP CODE										
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661						
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	licable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ							
EB31252		Tucson AZ								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
6050 South Cou	ıntry Club Road	TUCSON	AZ	85706						

### ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

952920557

### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	UKCE	DEMO	GKAPI	HC DA	1A						
							Race/E	thnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	1	0	0	0	0	1	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4
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	3	0	0	0	0	1	0	0	0	0	0	0	4
Laborers and Helpers	1	2	0	0	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	6	2	4	0	0	0	0	2	0	0	0	0	0	0	14
PRIOR 2022 REPORTING YEAR TOTAL	6	1	4	0	0	0	0	1	0	0	0	0	0	0	12

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	[ATIO]	N REF	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Da		
				TION A		-	-				1				
				BLISH											
OFG COMPANY ID		SECT	TON B	B – EMP	LOYE	R IDEN		ATION OYER N	(A) (F)						
OFS COMPANY ID AC16425					0	LUCAC	EMPL O IL - C			OFFICE	•				
						HICAG				JFFICE					
ADDRESS								TY/TOV				STATE		ZIP CC	
500 W MADISON S	T STE	2800					С	HICAG	iO			IL		6066	61
SECTION C - HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR ES			-LEVEL	NAME				
JT56834								ek - DF							
HEADQUARTERS OR ESTABLISHMI		EL ADD	DRESS					TY/TOV				STATE		ZIP CC	
1910 Crow											34				
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
				EMPL	-		_								
X YES (Employer Is Eligible	to File)	∐NO	(Emplo	oyer Is N	lot Elig	ible to F	ïle) 🔲	EMPL	OYER	NO LO	NGER 1	IN BUS	INESS		
SEC	CTION			L CONT				TION (	if applic	able)					
_			_	tity ID (											
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
TYES (F	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	lon-Head	dquarter	s Establ	ishment	is Feder	ral Contr	actor)		
		П	ES (Or	ne or Mo	ore Non	-Headqı	arters E	stablish	ments i	s Federa	l Contra	actor)			
				)N G - 1											
		140 - M	otor V	ehicle F	arts (L	Jsed) M	erchant	Whole							
	SE	CCTION	N H – V	VORKF	ORCE										
			1				Race/E		•						
		anic atino			M	lale	Not	Hispan	ic or L	atino	For	nale			
	OI L	l			IV	laie					rei	liale			
						~ <u>p</u>	<b>-</b>	S		_		~ <u>p</u>	ō	S	
				an		and and	e e	or More Races		car		and and		or More Races	Row
JOB CATEGORIES		<u>0</u>	d)	ck or Afric American	_	aiia	nerican Indian Alaska Native	e e	0	or	_	ig ig	nerican Indian Alaska Native	S.	Total
	Male	Female	White	r A	Asian	aw	a Z	lor	White	Sk Am	Asian	aw	a S	lor	
	2	Fe	>	k e	Ä	1 S	ica	Ž	>	Black or an Amer	Ä	3 H	ica	, >	
				Black or African American		ative Hawaiian or ner Pacific Islander	merican Indian or Alaska Native	۷٥ د		Black or African American		ative Hawaiian or ner Pacific Islander	merican Indian Alaska Native	۷٥ د	

		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
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	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
First/Mid-Level Officials and Managers	2	0	1	1	0	0	0	0	3	1	0	0	0	0	8
Professionals	0	0	5	0	0	0	0	0	1	1	0	0	0	0	7
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
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	3	0	2	0	1	0	0	0	0	0	0	0	0	0	6
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	1	1	1	0	0	0	0	0	1	3	0	0	0	0	7
CURRENT 2023 REPORTING YEAR TOTAL	7	2	11	1	1	0	0	0	6	6	0	0	0	0	34
PRIOR 2022 REPORTING YEAR TOTAL	3	1	7	1	1	0	0	0	3	2	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD 12102023 - 12232023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	· OIL		, , , ,	0111 (	LLU.		. 0.12	. ()				Expir	ation Dat	e: 11/30/	2026
				TON A · BLISHN				?T							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VΝ			STATE		ZIP CO	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - I	IEADQU	JARTEI	RS OR									ıble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
EB30170								ngor M							
HEADQUARTERS OR ESTABLISHM			DRESS					TY/TOW				STATE		ZIP CO	
345 Target Indu			ЕМРІ	LOYER	IDENT	CIFICA'				)		ME		0440	) I
				9	52920	557									
X YES (Employer Is Eligib		SECTION E – EMPLOYER FILING ELIGIBILITY  to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable													
SI	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
	Unique Entity ID (UEI): Not Applicable  Dishment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establish	☐ 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	YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment 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														
		S	ECTIO	N G – N	NAICS	INFOR	MATIO	N							
				ehicle P VORKF											
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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
				Blac		Nativ Other I	Amer Ala	Two		Afric		Nativ Other I	Amer Ala	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	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	3	0	0	0	0	0	0	0	0	0	0	0	3
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	_ 0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2022 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A - TYPE OF REPORT

**ESTABLISHMENT-LEVEL REPORT** 

SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB30895 Transmetco - Huntington IN

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1750 East Riverfork Drive **HUNTINGTON** IN 46750

### SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

#### 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): 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

339999 - All Other Miscellaneous Manufacturing
SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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	31	1	0	0	0	0	3	0	0	0	0	0	35
Laborers and Helpers	0	0	9	0	0	0	0	0	1	0	0	0	0	0	10
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	46	1	0	0	0	0	4	0	0	0	0	0	51
PRIOR 2022 REPORTING YEAR TOTAL	0	0	2	0 WODK	0	0	0	0	0	0	0	0	0	0	2

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
						E OF RI LEVEL		:T			•				
		SECT	TON B	В – ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	0 IL - 0	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	81
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
MV45752						(	Columb	us OH	- APO						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADI	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
1600 Integrity	/ Drive						CC	LUMB	US			ОН		4320	)9
	SECTI	ON D -	EMPI		IDEN 1	FIFICA'	TION N	UMBE	R (EIN	)					
		SECTION	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
SEG	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
			_												
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)		
YES (I	Headqua	rters is l	Federal	Contrac	tor)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
_	•	□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish		s Federa			,		
	4231					INFOR			salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino		1	M	ale	I				Fen	nale			
JOB CATEGORIES	Male	rican an rican lian or salander dian or tive erican lian or salander dian or salander dian or salander rican lian or salander rive dian or rive lian or rive dian or rive lian or rive dian or rive lian												Row Total	
							·								
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	<u>0</u>
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$ 

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

			, 1121	(	LLU.		0112	. ( = =)				Expir	ation Dat	e: 11/30/	2026
				TION A BLISHN				Т			•				
		SECT	TON F	В – ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C -	HEADQU	ARTE	RS OR	ESTAB	LISHN	AENT-L	EVEL	DENT	IFICA	ΓΙΟΝ (if Γ-LEVEL	applica	able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID  BZ78962					HEADQ	•	ston TX				NAME				
HEADQUARTERS OR ESTABLISH	MENT I EV	/EL ADD	DECC			Tiou		TY/TOW				STATE		ZIP CC	DE
1100 North			KESS					DUSTO				TX		7703	
			EMPI	LOYER						)					
	;	SECTIO	ON E -	·EMPL	952920 OYER		ELIGI	BILITY	Y						
		e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable													
S	ECTION	Unique Entity ID (UEI): Not Applicable													
☐ YES (Single-Establish	Establishment Employer is Federal Contractor) 🔲 YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES	6 (Headquarters is Federal Contractor)														
_		☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)													
		S	ECTIO	N G - N	NAICS	INFOR	MATIO	N							
				ehicle P VORKF											
			· ·				Race/E								
		anic					Not	Hispan	ic or L	atino		_			
	or L	atino			M	ale					Fen	nale			
				E.		Native Hawaiian or Other Pacific Islander	or e	ses		an		Native Hawaiian or Other Pacific Islander	or e	ces	
JOB CATEGORIES		Ð	4	Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	a)	Black or African American	_	Native Hawaiian Other Pacific Islan	American Indian or Alaska Native	Two or More Races	Row Total
	Male	Female	White	ck or Afric American	Asian	awa	n In a Na	Nore	White	Black or an Amer	Asian	awa	n In a Na	Nore	Total
	2	Fe	>	ck c	Ä	e H Pac	rica ask	ĕ	>	Bla	₹	e H Pac	rica ask	٥	
				Blad		ativ her	mer	Š		Afric		ativ her	mer	٥	
						ᅐᅙ	⋖	É				ᄝᄛ	⋖	ŕ	
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	2	1	0	0	0	0	0	0	0	0	0	0	0	4
Professionals Table in the second sec	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians Sales Workers	5	0 4	0	0	0	0	0	0	0	0	0	0	0	0	9
Administrative Support Workers	1	3	0	0	0	0	0	0	0	0	0	0	1	0	5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	11	0	3	6	0	0	0	0	0	0	0	0	0	0	20
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	4	0	0	0	0	0	0	0	3	0	0	0	0	7
CURRENT 2023 REPORTING YEAR TOTAL	<b>L</b> 18	14	4	6	0	0	0	0	0	3	0	0	1	0	46
PRIOR 2022 REPORTING YEAR TOTAL	L 8	4	4	2	0	0	0	0	0	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

#### U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME FA74017 Northfield MN - Viking Auto HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 26548 Chippendale Ave West **NORTHFIELD** MN 55057 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale		-			Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	6	0	0	1	0	0	0	0	0	0	0	0	7
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	3	0	0	0	0	0	2	0	0	0	0	0	6
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	4	0	8	0	0	0	0	0	0	0	0	0	0	0	12
Operatives	0	0	20	1	0	0	1	2	2	0	0	0	0	0	26
Laborers and Helpers	1	0	5	1	1	0	0	2	0	0	0	0	0	0	10
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	5	1	42	2	1	1	1	4	5	0	0	0	0	0	62
PRIOR 2022 REPORTING YEAR TOTAL	2	0	38	4	0	0	1	2	6	0	0	0	0	0	53

SECTION I - WORKFORCE SNAPSHOT PERIOD

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	SECTION A - T	YPE OF REPORT										
	ESTABLISHME	NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425		CHICAGO IL - CORPORATE OFFICE										
ADDRESS CITY/TOWN STATE ZIP CODE												
500 W MADISON ST STE 2800 CHICAGO IL 60661												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	olicable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ЛE									
QP16653		Largo FL										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
6460 126	TH Ave N	LARGO	FL	33771								
		ENTIFICATION NUMBER (EIN)										

952920557

#### 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): Not Applicable

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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
							Race/E	thnicit	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	3	0	0	0	0	0	1	0	0	0	0	1	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	1	0	0	0	0	1	5
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

			OMMISSION (EEOC) CO-1 COMPONENT 1)		Rev OMB Contro	vised 08/2023 ol Number: 304 n Date: 11/30/2	46-0049
			YPE OF REPORT NT-LEVEL REPORT				
	SECT	TION B - EMPLO	YER IDENTIFICATION				•
OFS COMPANY ID			EMPLOYER N				
AC16425			CHICAGO IL - CORPO	RATE OFFICE			
ADDRESS			CITY/TOW	VN .	STATE	ZIP CO	DE
500 W MADISON	ST STE 2800		CHICAG	0	IL	6066	51
	[EADQUARTE]		SHMENT-LEVEL IDENT				
HQ/ESTABLISHMENT-LEVEL UNIT ID		HE	SHMENT-LEVEL NAM	Œ			
GN78736							
HEADQUARTERS OR ESTABLISHM	ENT-LEVEL ADD	DRESS	VN	STATE	ZIP CO	DE	
11200 Alder	n Road		ADELAN <sup>-</sup>	ГО	CA	9230	)1
	SECTION D -		ENTIFICATION NUMBE 261867	R (EIN)			
	SECTION	ON E – EMPLOY	ER FILING ELIGIBILITY	Y			
X YES (Employer Is Eligible	e to File) 🔲 NO	(Employer Is Not	Eligible to File)	OYER NO LONGE	R IN BUSINE	ESS	
SE			ACTOR DESIGNATION (i <u>I)</u> : Not Applicable	if applicable)			
☐ YES (Single-Establish	nent Employer is	Federal Contractor	YES (Multi-Establishm	nent Employer is Fede	eral Contractor	.)	
☐ YES (	Headquarters is l	Federal Contractor)	YES (Non-Headquarter	s Establishment is Fed	deral Contracto	or)	
	□ Y	ES (One or More	Non-Headquarters Establish	ments is Federal Cor	ntractor)		
			ICS INFORMATION s (Used) Merchant Whole	salers			
			RCE DEMOGRAPHIC DA				
			Race/Ethnicity	у			
	Hispanic			ic or Latino			
	or Latino		Male	F	emale		l

	SE	CHO	4 TT _ A	VOKKI	OKCE										
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	7	0	1	2	0	0	0	0	0	0	0	0	0	0	10
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	14	0	3	3	0	0	0	4	0	0	0	0	0	0	24
Operatives	32	0	5	3	1	0	0	5	1	0	0	0	0	0	47
Laborers and Helpers	3	0	0	2	0	0	0	0	0	0	0	0	0	0	5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	56	1	9	10	1	0	0	9	1	0	0	0	0	0	87
PRIOR 2022 REPORTING YEAR TOTAL	37	1	7	2	0	0	0	7	0	0	0	0	0	0	54

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`								Expir	ation Dat	e: 11/30/	2026
				TION A · BLISHN				т.							
OFS COMPANY ID		SECI	ION B	- EMP	LOYE	K IDEN		OYER N	ΔMF						
AC16425					С	HICAGO				OFFICE	:				
						11107101				011102		~~.~~			
ADDRESS								TY/TOW				STATE		ZIP CC	
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	51
SECTION C – I	<u>IEADQU</u>	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME				
EB30511						1	Foledo (	OH - G	oody's						
HEADQUARTERS OR ESTABLISHM		EL ADE	ORESS					TY/TOW				STATE		ZIP CC	DE
6180 Hagn	ian Rd						Т	OLED	0			ОН		436′	12
	SECTI	ON D -	- EMPI	LOYER	IDENT 052920		TION N	UMBE	R (EIN	)					
				EMPLO											
X YES (Employer Is Eligib											NGER	N BUSI	NESS		
SI	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
_			_	tity ID (											
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
	_	Пν	TS (O	ne or Mo	re Non	-Headau	arters F	ctablich	ments i	s Federa	1 Contr	actor)			
				ON G - N					inicitts i	3 I cacia	i Contro	ictor)			
	423			ehicle P					salers						
				VORKF											
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino		, ,	M	ale					Fer	nale			
						_						_			
				_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		⊆		Native Hawaiian or Other Pacific Islander	P	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Зас		Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian Alaska Native	Зас	Row
JOB CATEGORIES	o l	Female	ம்	ck or Afric American	⊑	/aii	ndi Iat	ē	ē	Black or an Amer	⊆	vaii c Is	nd lat	ē	Total
	Male	Ĕ	White	or / eri	Asian	<u>ĕ</u> <u>ĕ</u>	ın l a M	₽	White	Ar Ar	Asian	lav ifi	la l	₽	
		Fe	>	훘	⋖	Pac H	ica Isk	_	>	Bla	⋖	эас	ica Isk	_	
				lac		er F	ner Ala	ö		ric		tiv er F	ner Ala	0	
				ш		P A	An	≥		₹		Na	An .	≥	
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	4	0	0	0	0	0	4	0	0	0	0	0	8
Professionals Tachnicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	0	0	5	0	0	0	0	0	1	0	0	0	0	0	6
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	1	0	17	1	0	0	0	0	0	0	0	0	0	0	19
Operatives	0	0	2	1	0	0	0	0	1	0	0	0	0	0	4
Laborers and Helpers	0	0	2	1	0	0	1	0	0	0	0	0	0	0	4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	_ 2	0	31	3	0	0	1	0	6	0	0	0	0	0	43
DDIOD 2022 DEDODTING VEAD TOTAL	1	0	15	0	0	0	0	0	2	0	0	0	0	0	10

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

### SECTION A – TYPE OF REPORT

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

HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

QP17148 Garden Grove CA

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE
13772 Harbor Blvd GARDEN GROVE CA 92843

### SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

95292055

#### 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): 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

#### SECTION H - WORKFORCE DEMOGRAPHIC DATA

	~	C1101				DEMO	Race/E								
	Hisn	anic	l						ic or L	atino					
		atino			М	ale	1101	Порин	10 O. L	41110	Fen	nale			
	O. E.	11110										luic			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	5	3	0	0	0	0	0	1	0	0	0	0	0	0	9
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 2023 REPORTING YEAR TOTAL	5	3	0	0	0	0	0	1	0	0	0	0	0	0	9
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REP	ORT (	EEO-1	I COM	PONE	NT 1)					ation Dat		
				-		-	EPORT								
			_	_			REPOF								
		SECT	TON B	-EMP	LOYE	R IDEN	TIFICA								
OFS COMPANY ID					_			OYER N		055105	_				
AC16425					C	HICAG	O IL - C			JFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CO	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HI	EADQU	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE.	RS OR ES			-LEVEL	NAME				
GA30045							Oce	anside	CA						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				C	TY/TOV	VN			STATE		ZIP CO	DE
2315 Carpen	ter Rd						OC	EANS	DE			CA		9205	54
	SECTI	ON D -	EMPI	OYER	IDENT	ΓΙΓΙCA	TION N	UMBE	R (EIN	)	I		<u> </u>		
				(	953072	886									
					_		F ELIG								
X YES (Employer Is Eligible	to File)	□ NO	(Emplo	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER I	NO LO	NGER I	N BUS	INESS		
SEC	CTION						SIGNA	TION (	if applic	able)					
		Uni	ique En	tity ID (	<u>UEI)</u> :	Not App	olicable								
☐ YES (Single-Establishm	ent Emp	oloyer is	Federal	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federal	Contra	ctor)		
YES (H	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	Non-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
_ `	•				- —	,	uarters E	•					,		
							MATIC		illicitis i	s i cucia	i Contr	ictor)			
	423						erchant		salers						
							GRAPI								
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale	I	ı		1	Fen	nale	1		
						- <u>-</u>	_	w				- a	_	w	
				an		n o	u e	Se		San		n o	n or	Še	<b>D</b>
JOB CATEGORIES		ø		fric an	_	aiia Isla	dia	R		or eric	_	aiia Isla	dia	R	Row Total
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or other Pacific Islande	American Indian Alaska Native	Two or More Races	Total
	Σ	Fer	>	ko	As	aci	ska	Σ.	⋝	3lac an /	As	H aci	icar ska	Σ	
				lac		tive er F	neri Ala	0 0		ric E		tive er F	neri Ala	0 0	
				B		Native Hawaiian or Other Pacific Islander	An	≱		₹		Native Hawaiian or Other Pacific Islander	An ,	≥	
												5			

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

Executive/Senior Level Officials and Managers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

First/Mid-Level Officials and Managers

Administrative Support Workers

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
			SECT	ION A	– TYPI	E OF RI	EPORT								
			ESTA	BLISHN	/IENT-L	LEVEL	REPOR	RT.							
		SECT	TION B	-EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	Γ-LEVEL	NAME				
QP16490								rlotte N							
HEADQUARTERS OR ESTABLISHME			DRESS					TY/TOW				STATE		ZIP CO	
2732 Interstate S	St, Suite	В					CH	ARLOT	TE			NC		2820	8
	SECTI	ON D -	- EMPI		IDENT 952920	TIFICA'	TION N	UMBE	R (EIN	)					
	9	SECTIO	ON E -			FILING	FLIGI	RILITY	V						
X YES (Employer Is Eligible										NO LOI	NGER I	IN BUS	INESS		
						OR DE									
						Not App		(	TT	,					
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)		
YES (F	- Jeadana	rters is I	Federal	Contrac	tor)	VES (N	on_Head	lanarter	e Fetabl	ishment	is Feder	al Contr	actor)		
	readqua				. —			•		s Federa			uctor)		
						INFOR			ments i	s redera	ıı Conua	actor)			
	4231	140 - M	lotor V	ehicle P	arts (U	sed) M	erchant	Whole	salers						
	SE	CTION	N H – V	VORKF	ORCE	DEMO									
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale		1		1	Fen	nale	1	1	
						r je	_	S		_		r je	-	Si	
				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	Row
JOB CATEGORIES	_	<u>o</u>	•	ck or Afric American	_	aiie Isi	nerican Indian Alaska Native	22		o eri	_	aiie Is	nerican Indian Alaska Native	8	Total
	Male	Female	White	r A	Asian	aw Hic	r S	ore	White	Black or an Amer	Asian	a w	= Z	ore	
	Σ	ļ jā	⋝	k o me	As	ac I	car	Σ	⋝	la In	As	SET	ska	Σ	
		_		acl		δď	eri	ō		Н <u>і</u> ў		δď	eri	ō	
				B		ati	ğΨ	NO.		Afr		ati he	۶ٍ₹	NO.	
						z g	٩	-		-		z g	٩	-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	1	2	0	0	0	0	1	1	0	0	0	0	5
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2023 EMPLOYER IN	FORM	AHO	N KEI	OKI (	EEO-	I COM	PONE	N1 1)					ation Dat		
				TION A -				T.							
		SECT	TON F	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	10111		2012			OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON S	ST STE	2800						HICAG				IL		6066	
			DC OD	ECE A D	T TOTTS	ATTINITY T				DEON! ('	. 1.			0000	, ,
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	KS OK							ΓΙΟΝ (11 Γ-LEVEL		ible)			
QP17183					IIL: ID Q	ZOZIKILI		ıblin C		LEVEL	117111111111111111111111111111111111111				
		TEX ADD	PEGG									OT A TEX	-1	71D CO	DE.
HEADQUARTERS OR ESTABLISHM			DRESS					TY/TOW				STATE		ZIP CO	
6805 Sierra Cou	-		EMDI	OVED	IDEN	DIETOA		DUBLIN		`		CA		9456	08
					52920	557				,					
V VEC (E				EMPLO						NO LON	ICED I	INI DIJICI	NIEGO		
X YES (Employer Is Eligibl											IGEK I	IN BUS	INESS		
SE	CTION			L CONT tity ID (				ΓΙΟΝ (i	if applic	able)					
			_	-											
☐ <b>YES</b> (Single-Establishm	_	-													
YES (	Headqua	rters is I	Federal	Contract	tor)	YES (N	lon-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)		
		□ Y	ES (O	ne or Mo	re Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
	400	S	ECTIO	)N G – N	NAICS	INFOR	MATIO	N							
	423 SE	CCTION	otor v VH – V	ehicle P VORKF	ORCE	DEMO	ercnant GRAPE	IIC DA	TA						
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino					
	or La	atino		1 1	М	lale					Fen	nale	1 1		
												. =			
				⊑		Native Hawaiian or Other Pacific Islander	p c	Two or More Races		an		Native Hawaiian or Other Pacific Islande	p e	Two or More Races	
JOB CATEGORIES				Black or African American		ian	American Indian or Alaska Native	Ra		Black or African American		ian slar	American Indian or Alaska Native	Rac	Row
COD CATEGORIES	<u>0</u>	Female	ţe.	ck or Afric American	an	wai ic Is	Ind	ē	ţe	Black or an Amer	an	vai ic Is	Ind Nat	ē	Total
	Male	e l	White	or Jer	Asian	E ja	an ka	₽	White	acl A	Asian	E F	an ka	€	
		Ľ	_	A &	•	Pa Pa	rica	ō	_	Bl	~	e Pa	rica	ō	
				Bla		atj	a P	8		fri		atiy	A M	9	
				_		Žξ	4	F		1		2 8	4	⊭	
Freedom (Consider Lovel Officials and Ma															•
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives 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 2023 REPORTING YEAR TOTAL	0	1	3	0	0	0	0	0	0	0	0	0	0	0	4
CORRENT 2023 REPORTING TEAR TOTAL	U		J	J	J	J	J		J	V	J	J	J	J	7
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

U.S. EQUAL EMPLO' 2023 EMPLOYER IN			N REI	PORT (	EEO-1	1 COM	PONE	NT 1)				OMB C	Revised Ontrol Nu	mber: 30	46-0049
			ESTA	TON A BLISHN	ΛΕΝΤ-Ι	EVEL	REPOF	RT							
		SECT	TON B	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DE
500 W MADISON S	T STE	2800					С	HICAG	О			IL		6066	51
SECTION C - HI	CADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
QP16235						Nort	hern Li	ght Ref	inishing	ј МI					
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADI	RESS				C	TY/TOV	VN			STATE		ZIP CC	DDE
157 West Beec	h Stree	et					CEDA	AR SPE	RINGS			MI		4931	19
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)					
		SECTIO	ON E -	EMPL	OYER	FILING	ELIG	BILIT	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	IGER I	IN BUS	INESS		
SEC	CTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA	TION (	if applic	able)					
YES (Single-Establishm	ent Emp		_					tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (H	eadqua	rters is l	Federal	Contrac	tor)	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqı	arters E	Establish	ments i	s Federa	l Contra	actor)			
				NG-I Other					1						
	SF	CTION	V H – V	VORKE	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicit	у						
		anic					Not	Hispar	ic or L	atino					
	or L	atino			М	ale	1	1			Fen	nale	1	1	
JOB CATEGORIES	Male	Female	White	ick or African American	Asian	ve Hawaiian or Pacific Islander	rican Indian or laska Native	or More Races	White	Black or can American	Asian	ve Hawaiian or Pacific Islander	rican Indian or Iaska Native	More Races	Row Total
	_	Fe	>	Am	⋖	ve F Pac	erica Iask	or	5	Bla	∢	ve F Pac	erica lask	or	

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					1
	or L	atino			М	ale					Fen	nale			
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	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	1	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	1	18	0	0	0	0	0	5	0	1	0	0	1	26
Laborers and Helpers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	1	19	0	0	0	1	0	8	0	1	0	0	1	31
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2023 EMPLOYER IN	FORM	IA I I O	NKE	OKI (	EEO-	COM	PONE	N1 1)					ration Dat		
				TON A BLISHN		-	-	RT.							
		SECT	TION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C – H	EADOL	ARTE	RS OR	ESTAB	LISHN	/ENT-I	EVEL	IDENT	IFICA'	FION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	2.12 Q C			201112	HEADQ	UARTE	RS OR ES	STABLIS	HMENT	Γ-LEVEL	NAME				
HF25605						Kei	nnewick	cWA -	Tri Citie	es					
HEADQUARTERS OR ESTABLISHM	FNT-LEV	/FL ADE	DRESS					TY/TOW			ı	STATE	1	ZIP CO	DF
501 N Quay Street			TULDD					NNEWI				WA		9933	
501 N Quay Street												***		0000	,o
					952920	557			`	)					
		-		EMPL	-										
X YES (Employer Is Eligible	e to File)	□ NO	(Empl	oyer Is N	lot Eligi	ible to F	ile) 🔲	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS		
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
		Un	ique En	tity ID (	UEI):	Not App	licable								
☐ YES (Single-Establishn	nent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	1 Contra	ctor)		
☐ YES (I	_	-													
L YES	neadqua				. —			•					ractor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	ıl Contra	actor)			
				)N G – 1											
				ehicle P VORKF											
	SE	CHO	\ <b>п</b> – v	VUKKF	OKCE		Race/E								1
	Hier	anic						Hispan		atino					
		atino			М	ale	NOL	пізрап	IC OI L	auno	Fer	nale			
	0. 2											I			
IOD CATECODIES				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	ø	<u>s</u>	த	∆fri car	u	/aii	ndi Iati	'e F	த	ner o	⊆	/aii	ndi Aati	e F	Total
	Male	Female	White	ck or Afric American	Asian	cji a	an I ca M	Mol	White	Black or an Amer	Asian	da Çi ğa	a l	Mol	
	-	ц	>	Sk A	4	Pa Pa	rica as	or	>	<u>8</u>	٩	Pa P	rica	or	
				Bla		atiy	a P	ΝO		Ę		ati	F B	۸٥	
						≥ £	⋖	ŕ		_		Z 2	⋖	F	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	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	3	0	2	0	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	3	0	3	0	0	0	0	0	0	0	0	0	0	0	6
CONNENT AUGUNETURING TEAR TOTAL					· U										

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

U.S. EQUAL EMPLO 2023 EMPLOYER II												OMB Co	Revised ontrol Nu		46-0049
			-	-		E OF R	-								
		av. an				LEVEL									
OFS COMPANY ID		SECI	TON B	<u>– ЕМР</u>	LOYE	R IDEN		OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	VΝ			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	81
SECTION C - I	IEADQU	JARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
GA49991						E	Ikhart II			1					
HEADQUARTERS OR ESTABLISHM			DRESS					TY/TOW				STATE		ZIP CO	
401 Northpo								LKHAR				IN		4651	14
	SECTI	ON D -	EMPI		IDEN <sup>7</sup> 952920	FIFICA' 0557	TION N	UMBE	R (EIN	)					
X YES (Employer Is Eligib						FILING				NO LON	IGER I	IN RUSI	NESS		
	ECTION										· OLI		1200		
	2011011	Un	ique En	tity ID (	<u>UEI)</u> :	Not App	licable	11011(	пиррис	uoic)					
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor)	YES (I	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	(Headqua	rters is l	Federal	Contrac	tor)	YES (N	Ion-Head	lguarter	s Establ	ishment	is Feder	al Contr	actor)		
_	` 1	□ Y	ES (Or	ne or Mo	ore Non	ı-Headqı	arters E	stablish		s Federa			,		
	400					INFOR			coloro						
						Jsed) M DEMO									
							Race/E								
		oanic					Not	Hispan	ic or L	atino		_			
	or L	atino			IV	lale					Fer	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1

SECTION I - WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

U.S. EQUAL EMPLO 2023 EMPLOYER IN												OMB Co	Revised ontrol Nu	08/2023 mber: 30-	46-0049
				ION A		-	-								
				BLISHN											
OFS COMPANY ID		SECT	ION B	– EMP	LOYE	R IDEN		ATION OYER N	ΙΔMΕ						
AC16425					С	HICAG				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CC	DE
500 W MADISON S	T STE	2800						HICAG				IL		6066	
SECTION C – HI	EADOU	ARTEI	RSOR	ESTAB	LISHN	IENT-I	EVEL	IDENT	TFICA	FION (if	applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	-LEVEL	NAME				
EB31923							Lou	isville k	<b>CY</b>						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS					TY/TOW				STATE		ZIP CC	DE
2701 Progress	ve Blvc	d					SELI	ERSB	URG			IN		4717	72
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)	•				
X YES (Employer Is Eligible				EMPLO						NO LON	ICED I	IN BLICI	INIECC		
				L CONT							(GEK)	пов	INESS		
SEC	JION			tity ID (				IION (I	п аррпс	able)					
☐ YES (Single-Establishm	ent Emp		_	-				tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (H	leadana	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	lanarter	s Establ	ishment	is Feder	al Contr	actor)		
	1							-		s Federa					
	423			NG-N ehicle P					salers						
				VORKF		DEMO	GRAPI	IIC DA	TA						
							Race/E								
		anic atino			М	ale	Not	Hispan	ic or L	atino	Fer	nale			
											. 0.				
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
i ir svivilu-Level Officials affu Mariagels	V			,		V	v	V	V	V		_ ·	v	U	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

SECTION A - TYPE OF REPORT  STABLISHMENT-LEVEL REPORT  SECTION B - EMPLOYER IDENTIFICATION  OFS COMPANY ID  AC16425  CHICAGO IL - CORPORATE OFFICE  ADDRESS  CITYTOWN STATE ZIP CODE  SOU W MADISON ST STE 2800  CHICAGO IL 60661  SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  DY 29800  SUN Valley CA - PYP  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  SUN Valley CA - PYP  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  9128 Tujunga Street  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  953406551  SECTION E - EMPLOYER ILING 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): Not Applicable  YES (Single-Establishment Employer is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic  Not Hispanic or Latino  Or Latino  Male  Female	
OFS COMPANY ID  AC16425  CHICAGO IL - CORPORATE OFFICE  ADDRESS CTIV/TOWN STATE ZIP CODE  500 W MADISON ST STE 2800  CHICAGO IL 60661  SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQÆSTABLISHMENT-LEVEL UNIT ID DY29800  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME DY29800  SUN VAILEY  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CTIV/TOWN STATE ZIP CODE 9128 Tujunga Street  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551  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 (One or More Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino or Latino Or Latino Male Female	
OFS COMPANY ID AC16425  CHICAGO IL - CORPORATE OFFICE  ADDRESS CITY/TOWN STATE ZIP CODE  500 W MADISON ST STE 2800 CHICAGO IL 60661  SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQÆSTABLISHMENT-LEVEL UNIT ID DY29800 BU Valley CA - PYP  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 9128 Tujunga Street SUN VALLEY CA 91352  SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551  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 (One or More Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity Hispanic Or Latino Male Female	
ADDRES  500 W MADISON ST STE 2800  CHICAGO  LL  60661  SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQ/ESTABLISHMENT-LEVEL UNIT ID  DY29800  Sun Valley CA - PYP  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS GITY/TOWN STATE SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551  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 Unique Entity ID (UEI): Not Applicable YES (Single-Establishment Employer is Federal Contractor) YES (One or More Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Or Latino Male Female	
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQESTABLISHMENT-LEVEL UNIT ID  DY29800  Sun Valley CA - PYP  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 9128 Tujunga Street  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551  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): Not Applicable  YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino or Latino Male Female	
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQESTABLISHMENT-LEVEL UNIT ID  DY29800  Sun Valley CA - PYP  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 9128 Tujunga Street  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551  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): Not Applicable  YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino or Latino Male Female	
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQÆSTABLISHMENT-LEVEL UNIT ID  DY29800  SUN Valley CA - PYP  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITYTOWN STATE ZIP CODE 9128 Tujunga Street  SUN VALLEY CA 91352  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551  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 (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Or Latino Male Female	
HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME DY29800 Sun Valley CA - PYP  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 9128 Tujunga Street SUN VALLEY CA 91352  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551  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): Not Applicable  YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  YES (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Or Latino Or Latino Male Female	
BY29800  Sun Valley CA - PYP  HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS SUN VALLEY SUN VALLEY CA 91352  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551  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 Establishment is Federal Contractor)  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino Or Latino Male Female	
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 9128 Tujunga Street SUN VALLEY CA 91352  SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551  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): Not Applicable VES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (One or More Non-Headquarters Establishment is Federal Contractor) SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity Hispanic or Latino Male Female	
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551  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 (One or More Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino or Latino Male Female	
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551  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): Not 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) SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Hispanic or Latino Male Female	
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): Not 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) SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity Hispanic Not Hispanic or Latino or Latino Male Female	
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)	
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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity Hispanic Not Hispanic or Latino or Latino Male Female	
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  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino or Latino Male Female	
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   423140 - Motor Vehicle Parts (Used) Merchant Wholesalers   SECTION H - WORKFORCE DEMOGRAPHIC DATA   Race/Ethnicity   Hispanic   Not Hispanic or Latino   Not Hispanic or Latino   Female	
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   423140 - Motor Vehicle Parts (Used) Merchant Wholesalers   SECTION H - WORKFORCE DEMOGRAPHIC DATA   Race/Ethnicity   Hispanic   Not Hispanic or Latino   Not Hispanic or Latino   Female	
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         423140 - Motor Vehicle Parts (Used) Merchant Wholesalers         SECTION H – WORKFORCE DEMOGRAPHIC DATA         Race/Ethnicity         Hispanic       Not Hispanic or Latino         or Latino       Male         Female	
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         423140 - Motor Vehicle Parts (Used) Merchant Wholesalers         SECTION H – WORKFORCE DEMOGRAPHIC DATA         Race/Ethnicity         Hispanic       Not Hispanic or Latino         or Latino       Male         Female	
YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G - NAICS INFORMATION  423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino or Latino Male Female	
SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino or Latino Male Female	
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino or Latino Male Female	
SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino or Latino Male Female	
Race/Ethnicity Hispanic Not Hispanic or Latino or Latino Male Female	
Hispanic Not Hispanic or Latino or Latino Male Female	
or Latino Male Female	
Male  Female  White  Black or African  Asian  American Indian or Alaska Native  Black or Adrican American  Asian  White  White  Black or Alaska Native  Asian	
Male  Female  White Black or African Asian Asian Asian Asian Asian White Black or More Race Wo or More Race White Black or African American Asian	low
Male  White  Ck or African India aska Nativi  White  White  Asian  Asian  Asian  Asian  Asian  Asian  Asian  Asian  Or More R  Asian  Asian  Asian  Asian  Asian  Asian  Asian  Asian  Asian  Asian  Asian  Asian  Asian  Asian	otal
More Asian More More More More More More More More	
o Air	
Executive/Senior Level Officials and Managers         0 </td <td></td>	
First/Mid-Level Officials and Managers         1         2         0	
Technicians 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_
Sales Workers 7 4 2 0 0 0 0 0 0 0 0 0 0 1 14	
	5
Craft Workers         0         <	
Operatives         27         0         4         1         0         0         0         2         0         0         0         0         0         0         34           Laborers and Helpers         0 <t< td=""><td></td></t<>	
Service Workers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
CURRENT 2023 REPORTING YEAR TOTAL 35 11 6 1 0 0 0 2 0 0 0 0 1 56	v
PRIOR 2022 REPORTING YEAR TOTAL 22 9 2 1 0 0 0 0 0 0 0 0 1 35	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

				`								Expir	ation Dat	e: 11/30/	2026			
				TON A - BLISHN				T.										
		SECT	ION B	– EMP	LOYE	R IDEN	TIFICA	TION										
OFS COMPANY ID																		
AC16425	CHICAGO IL - CORPORATE OFFICE																	
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE			
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	<b>51</b>			
SECTION C – H HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTEI	RS OR							<b>ΓΙΟΝ</b> (it Γ-LEVEL		ıble)						
QP16972					TILADQ	OMKILI		Vegas I		I-DE VEE	TVIVIL							
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE			
3140 Ventur								S VEG				NV		8910				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557																		
SECTION E – EMPLOYER FILING ELIGIBILITY																		
X YES (Employer Is Eligible	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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers																		
SECTION H - WORKFORCE DEMOGRAPHIC DATA																		
							Race/E	thnicity	у									
		anic					Not	Hispan	ic or L	or Latino								
	or La	atino			М	Male					Fen	nale						
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	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 Tacketsians	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Operatives	4	0	3	0	0	0	0	0	0	0	0	0	0	0	7			
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 2023 REPORTING YEAR TOTAL	4	0	3	0	0	0	0	0	0	0	0	0	0	0	7			

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

#### OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME JB60527 Philadelphia PA-APO HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 3250 S 76th Street, Suite 500 **PHILADELPHIA** PA 19153 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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): 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or -emale More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 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 Sales Workers 1 2 0 0 0 0 0 0 0 0 0 0 0 0 3 Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Craft Workers 0 Operatives Laborers and Helpers 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 SECTION I - WORKFORCE SNAPSHOT PERIOD

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

4

12/10/2023 - 12/23/20

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

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

3

2

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	OMB Control Number: 3046-0049 Expiration Date: 11/30/2026												
		YPE OF REPORT											
		NT-LEVEL REPORT											
SECTION B - EMPLOYER IDENTIFICATION													
OFS COMPANY ID EMPLOYER NAME  AC16425 CHICAGO IL - CORPORATE OFFICE													
AC16425													
ADDRES	S	CITY/TOWN	STATE	ZIP CODE									
500 W MADISO	N ST STE 2800	CHICAGO	IL	60661									
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HO/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME													
HQ/ESTABLISHMENT-LEVEL UNIT ID	Œ												
QP16543	QP16543 Augusta GA												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
1437 Reyn	olds Street	AUGUSTA	GA	30901									
		ENTIFICATION NUMBER (EIN)											
		ER FILING ELIGIBILITY											
X YES (Employer Is Elig	sible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSINE	SS									
		ACTOR DESIGNATION (if applicable)											
	Unique Entity ID (UE												
☐ YES (Single-Establis	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	eral Contractor	)									
☐ YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fe	deral Contracto	or)									
	YES (One or More	Non-Headquarters Establishments is Federal Con	ntractor)										
		ICS INFORMATION											
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H – WORKFORCE DEMOGRAPHIC DATA													
	SECTION WORKFOR	Paco/Ethnicity											

SECTION H – WORKFORCE DEMOGRAPHIC DATA																
							Race/E	thnicity	у							
	Hisp	anic	Not Hispanic or Latino													
	or Latino		Male Female													
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6	
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 2023 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6	
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												Expiration Date: 11/30/2026				
SECTION A – TYPE OF REPORT																
	ESTABLISHMENT-LEVEL REPORT															
		SECT	ION B	- EMP	IOVE	R IDEN	TIFICA	TION								
OFS COMPANY ID		SECI	ION	- ENII	LOIL	KIDEN		OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
											1	CTE A TEE	1	7ID CC	DE	
ADDRESS								TY/TOV				STATE		ZIP CC		
500 W MADISON S								HICAG				IL		606	51	
SECTION C - HI	EADQU	ARTEI	RS OR									able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME					
QP16914							Jeffers	son City	/ MO							
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DDE	
1501A Legior							JEFF	ERSON	CITY			MO		6510	)1	
		~														
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)																
952920557																
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): 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)																
		$\square$ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	Establish	ments i	s Federa	l Contra	actor)				
				N G - 1												
	423	140 - M	otor V	ehicle P	arts (L	lsed) M	erchant	Whole	salers							
	SE	CTION	I H – V	VORKF	ORCE										,	
							Race/E									
		anic					Not	Hispan	ic or L	atino _						
	or La	atino		1	M	ale				1	Fer	nale				
						-						_				
				<u>_</u>		Native Hawaiian or Other Pacific Islander	þ	Two or More Races		Ę		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		
JOB CATEGORIES				Black or African American		ian	American Indian Alaska Native	Sac		Black or African American		ian	American Indian Alaska Native	Rac	Row	
JOB CATEGORIES	Ð	Female	te	ck or Afric American	⊊	vai	nd Aat	<u>ē</u>	ā	Black or	⊊	vai	nd	rel	Total	
	Male	Ĕ	White	or , ieri	Asian	ļa	ia l	₽	White	A Sc	Asian	lav	an I	No		
		ı,	>	Sk.	⋖	e F	35 45	<u> </u>	>	Big	<	e F	ica ask	ı.		
				3la		e ţi	F F	Q		į		ıţi.	ne Ak	0/		
				ш		I N 된	Ā	≥		⋖		울동	Ā	≥		
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 Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Operatives

Laborers and Helpers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2025 EMI LOTER INFORMATION REFORT (EEO-T COMI ONEMT 1)												Expiration Date: 11/30/2026			
				TION A BLISHN				:T			•				
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE	•				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800						HICAG				IL 606			
		ADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)													
HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	KS OK							ΓΙΟΝ (11 Γ-LEVEL		ible)			
GN78691					TILADQ		hattano				1 W LIVIL				
HEADQUARTERS OR ESTABLISHM		EL ADE	DRESS					TY/TOW				STATE		ZIP CC	
400 Workm	ian Rd						СНА	ΓΤΑΝΟ	OGA			TN		374′	10
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557															
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): 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															
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
	Hior	anic	1							otino					
		atino			М	ale	NOL	Hispan	IC OI L	auno	Fen	nale			
	0. 2										1 01				
				_		Native Hawaiian or Other Pacific Islander	ō	es		<u>_</u>		Native Hawaiian or Other Pacific Islander	ō	es	
JOB CATEGORIES				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 Xther Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	Φ	ae Be	Ę.	ck or Afric American	<u>L</u>	vaii	ndi	ē	Ę.	Black or an Amer	⊊	vaii	ndi	ē	Total
	Male	Female	White	or / Ieri	Asian	Ęia	an I	Θ	White	ack Ar	Asian	day	an I ca I	Θ	
	_	Ľ.	>	Am	⋖	Pa Pa	rica ask		>	Bla	⋖	Pa	rica		
				3la		ati.	η Αξ	ě		fric		ativ er	nel Ala	ě	
				ш		2 5	Ā	_≥		•		꿀듕	Ā	≥	
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	2	0	0	0	0	0	0	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Administrative Support Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Craft Workers Operatives	1	0	7	1	0	0	0	0	0	0	0	0	0	0	9
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 2023 REPORTING YEAR TOTAL	_ 1	0	19	1	0	0	0	0	0	0	0	0	0	0	21
	<b></b>														
PRIOR 2022 REPORTING YEAR TOTAL	_ 0	0	15	1	0	0	0	0	0	0	0	0	0	0	16

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)											Expiration Date: 11/30/2026				
						E OF RI		rT							
		SECT	TION B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
500 W MADISON S	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - H	EADOU	ARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	TION (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
QP17236							San	Jose C	CA						
HEADQUARTERS OR ESTABLISHM														DE	
~		EL ADI	JKESS					AN JOS				CA			
1660 Montere												CA		9511	12
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557															
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): 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															
	423					lsed) M			salers						
						DEMO									
							Race/E	thnicity	У						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	Male F						nale			
				_		ج ما الح	'n	S		_		ج ج الح	ъ	S	
				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	Row
JOB CATEGORIES		a)		fric an	_	ië ls	dig	2	•	or eri	_	iii   s	dia ati	2	Total
	Male	Female	White	ck or Afric American	Asian	lic %	nerican Indian Alaska Native	ore	White	Black or	Asian	fic %	nerican Indian Alaska Native	ore	i otai
	Ž	e l	₹	r o	As	aci H	car	Σ	₹	slac In /	As	aci H	ska	≥ .	
		_		acl		<u> </u>	eri	0		ics		₽ Ğ	eri	0	
				B		ati Pe	μĀ	ΜC		Afr		at he	Ě	ΜC	
						2 g	4	_				2 g	4	-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5 0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	4	0	1	0	0	0	0	0	0	0	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 CHICAGO IL - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 **CHICAGO** 60661 ш SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EK02608 Crestview FL - Greenleaf HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 2497 Panhandle Lane **BONIFAY** 32425 FL SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

## 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)

<u>Unique Entity ID (UEI)</u>: 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

## SECTION H - WORKFORCE DEMOGRAPHIC DATA

	51	C1101	111 /	OKIKI	ORCE	DEMO		thnicity							
			,												
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	0	0	13	1	0	0	0	0	1	0	0	0	0	0	15
Laborers and Helpers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	0	25	1	0	0	0	0	3	0	0	0	0	0	29
PRIOR 2022 REPORTING YEAR TOTAL	0	0	24	3	0	0	0	0	2	1	0	0	0	0	30

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

U.S. EQUAL EMPL 2023 EMPLOYER I											OMB Co	Revised ontrol Nu		16-0049
			TION A ABLISHI		-	_								
	,	SECTION	B – EMI	PLOYE	R IDEN									
OFS COMPANY ID AC16425				С	HICAG		OYER N		OFFICE					
ADDRESS						C	TY/TOW	/N			STATE		ZIP CO	DE
500 W MADISON	ST STE 28	800				С	HICAG	0			IL		6066	<b>S1</b>
	HEADQUA	DQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME LaVergne TN - Nashville												
HQ/ESTABLISHMENT-LEVEL UNIT ID		LaVergne TN - Nashville												
EB29905		LaVergne TN - Nashville												
HEADQUARTERS OR ESTABLISH	MENT-LEVE	L ADDRESS			STATE		ZIP CO	DE						
501 Mason Ro	501 Mason Rd Suite 260 LA VERGNE													36
	SECTIO	N D – EMI		IDENT 952920		TION N	UMBE	R (EIN)	)					
	SE	ECTION E	– EMPL	OYER	FILING	ELIG	BILITY	Z						
X YES (Employer Is Eligib	ole to File)	NO (Emp	loyer Is l	Not Eligi	ible to F	ile)	EMPL	OYER N	NO LO	NGER I	IN BUSI	NESS		
S	ECTION F	- FEDERA Unique E					TION (i	f applica	able)					
☐ YES (Single-Establish	ment Emplo						tablishm	ent Emi	olover is	s Federa	1 Contra	ctor)		
	(Headquarte	•							•					
_ ~		YES (C					•					,		
	42314	SECTI 10 - Motor '	ON G -					salers						
		TION H -												
						Race/E	thnicit	,						
	Hispai	nic				Not	Hispan	ic or L	atino					
	or Lati	ino		М	ale					Fen	nale			
					- 5		"					_	w	

	SE	CHON	v п – v	VUKKE	OKCE	DEMO	GKAPI	HC DA	1A						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	5	0	0	0	0	0	1	0	0	0	0	0	6
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	6	1	0	0	0	0	3	0	0	0	0	0	10
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	1	19	8	0	0	0	1	3	0	0	0	0	1	35
Laborers and Helpers	1	0	6	5	0	0	0	0	0	1	0	0	0	0	13
Service Workers	0	0	6	0	0	0	0	0	2	0	0	0	0	0	8
CURRENT 2023 REPORTING YEAR TOTAL	3	1	43	14	0	0	0	1	10	1	0	0	0	1	74
PRIOR 2022 REPORTING YEAR TOTAL	2	0	39	10	0	0	0	2	9	0	0	0	0	1	63

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2023 - 12/23/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 EMI EO TEMI	11 011		, 1121	(JIII (	LLO .	1 00111	1 0112	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHM				:T							
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61
SECTION C - I	IEADQU	JARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
GA30110							Thousa								
HEADQUARTERS OR ESTABLISHM			RESS					TY/TOW				STATE		ZIP CO	DE
27600 N Sieri	a Del So	ol					THOUS	SAND F	PALMS			CA		9227	<b>'</b> 6
					53072	886				)					
X YES (Employer Is Eligib	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable														
~-	ment Employer is Federal Contractor)														
☐ YES (Single-Establish	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
	Unique Entity ID (UEI): Not Applicable														
☐ YES	ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	· ·														
	423	S: 140 - M	ectic	ON G - N ehicle P	NAICS	INFOR	MATIO	N Whole	ealare						
				VORKE											
							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
						r er	r	s				r er	r	s	
				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u>o</u>	as a	fric	_	aiis	ndia ati	e R	a)	or ieri	_	aiia Isl	nerican Indian Alaska Native	е Ж	Total
	Male	Female	White	ck or Afric American	Asian	aw	L N	<u>ö</u>	White	Black or	Asian	aw ific	- K	<u>6</u>	
	≥	Ē	>	k o	Ä	ac I	car	Σ	>	3la	¥	a H	car	Σ	
				lac A		i ve	eri Na	0		ric E		i ve	leri Na	0	
				8		Pad Epe	Am	Ě		Ą		Native Hawaiian Other Pacific Islan	Am,	Ě	
								-						-	
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  Tachnicing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	3	1	0	0	0	0	0	0	0	0	0	0	0	0	4
Administrative Support Workers	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Craft Workers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	5	0	2	0	0	0	0	0	0	0	0	0	0	0	7
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 2023 REPORTING YEAR TOTAL	_ 10	3	3	0	0	0	0	0	0	0	0	0	0	0	16
PRIOR 2022 REPORTING YEAR TOTAL	5	2	3	0	0	0	0	0	0	0	0	0	0	0	10

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 2011 20 1 211 1	· OIL		, , , ,	(	LLU.		1 0112	(1 1)				Expir	ation Dat	e: 11/30/	2026	
				TION A . BLISHN				:T			•					
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID							EMPL	OYER N	AME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	VΝ			STATE		ZIP CO	DE	
500 W MADISON	ST STE	2800					С	HICAG	0			IL		6066	61	
SECTION C - I	IEADQU	JARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ıble)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME					
EB30134						Case	eyville II			art						
HEADQUARTERS OR ESTABLISHM		EL ADE	ORESS					TY/TOW				STATE		ZIP CO		
2450 Black								SEYVII				IL		6223	32	
X YES (Employer Is Eligib	le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)															
	le to File) No (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)															
	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
☐ YES (Single-Establish	Unique Entity ID (UEI): Not Applicable															
□ VES	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
LIES	пеацциа	ent Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
									ments i	s Federa	l Contra	actor)				
	423	.S 140 - M	otor V	ON G - N ehicle P	NAICS arts (U	INFOR Ised) M	MATIO erchant	N Whole	salers							
				VORKF												
							Race/E		,							
		anic					Not	Hispan	ic or L	atino						
	or La	atino		1	M	ale	l				Fen	nale	1			
				an		Native Hawaiian or Other Pacific Islander	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	Dow	
JOB CATEGORIES	-	<u>o</u>	as a	fric	_	aiia Isk	ıdia ativ	a Z		or	_	aiia Isk	ıdia ativ	a Z	Row Total	
	Male	Female	White	Black or African American	Asian	aw	n Ir a N	Jor.	White	Black or	Asian	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	Jor.		
	2	Fe	>	A K	Ř	e H	ica	<u>~</u>	>	Bla	Ř	e H Pac	ica	<u>~</u>		
				Bla		ativ	mei Ala	Š		√fric		ativ ner	me Ala	Š		
						≥ ₽	4	ŕ		`		≥ ₽	4	ŕ		
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	1	0	0	0	0	0	4	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers Craft Workers	0	0	0 4	0	0	0	0	0	0	0	0	0	0	0	0 4	
Operatives	0	0	11	0	0	0	0	0	0	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 2023 REPORTING YEAR TOTAL		0	18	0	0	0	0	0	1	0	0	0	0	0	19	
PRIOR 2022 REPORTING YEAR TOTAL	0	0	7	2	0	0	0	1	0	0	0	0	0	0	10	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	SECTION A - 1	YPE OF REPORT												
	ESTABLISHME	NT-LEVEL REPORT												
	SECTION B - EMPLO	OYER IDENTIFICATION												
OFS COMPANY ID		EMPLOYER NAME												
AC16425		CHICAGO IL - CORPORATE OFFICE												
ADDRESS CITY/TOWN STATE ZIP CODE 500 W MADISON ST STE 2800 CHICAGO IL 60661														
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)														
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙΕ											
EB30538		Tampa FL - Tampa Truck												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE										
1019 Sout	h 50Th St.	TAMPA	FL	33619										
		ENTIFICATION NUMBER (EIN) 920557												
	SECTION E – EMPLOY	ER FILING ELIGIBILITY												
X YES (Employer Is Elig	gible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSINE	SS										
		ACTOR 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

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	OKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
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	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	1	0	0	0	0	0	4
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	1	0	0	0	0	0	0	0	0	0	0	3
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	3	0	3	2	1	0	0	0	0	0	0	0	0	0	9
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	3	0	10	4	1	0	0	0	1	0	0	0	0	0	19
PRIOR 2022 REPORTING YEAR TOTAL	1	0	8	2	0	0	0	0	1	0	0	0	0	0	12

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	SECTION A – TYPE OF REPORT													e: 11/30/	2026
				-		-	_	_							
		~~		BLISHN											
OFS COMPANY ID		SECT	TON B	- EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					С	HICAGO				OFFICE					
												CITE A ITEE		ZID CO	DE
ADDRESS	) T O T E	0000						TY/TOW				STATE		ZIP CO	
500 W MADISON S								HICAG				IL		6066	51
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					неарс	•				Γ-LEVEL	NAME				
X822941						Kans	sas City			nse			_		
HEADQUARTERS OR ESTABLISHM		EL ADE	DRESS					TY/TOW				STATE		ZIP CO	
90 Shawnee								ISAS C				KS		6610	)5
	SECTI	ON D -	- EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	)					
				EMPL											
X YES (Employer Is Eligible				•							NGER I	IN BUS	INESS		
SE	CTION							TION (i	if applic	able)					
<u>_</u>	Unique Entity ID (UEI): Not Applicable  hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishn	· · · · · · · · · · · · · · · · · · ·														
YES (	6 (Headquarters is Federal Contractor)														
		S	ECTIO	)N G – 1	NAICS	INFOR	MATIO	N							
	4231	140 - M	lotor V	ehicle P	arts (U	lsed) Mo	erchant	Whole	salers						
	SE	CTION	N H – V	VORKF	ORCE										ī
							Race/E								
		anic atino			м	ale	NOt	Hispan	IC OF L	atino	Fer	nale			
	0. 5				141	aic					1 61				
				<b>c</b>		Native Hawaiian or Other Pacific Islander	o	ses		<u>_</u>		Native Hawaiian or Other Pacific Islander	ō	es	
JOB CATEGORIES				Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian Alaska Native	Two or More Races	Row
OOD GATEGORIEG	<u>0</u>	Female	ţe	ck or Afric American	an	kai ic Is	Ind Nat	re	te	Black or an Amer	an	kai C Is	Ind	<u>ē</u>	Total
	Male	em	White	or	Asian	Ha	an ka	Mo	White	lacl n A	Asian	Ha Eii	an ka	€	
		ш	_	Ar		e e	eric las	or		Bi	,	e e	eric las	ō	
				B		lati her	ν Α	M٥		Afr		lati her	\me	×	
						~ ō	1	_				2 g	1	-	
Executive/Senior Level Officials and Managers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
First/Mid-Level Officials and Managers	1	1	8	3	0	0	0	0	0	1	0	0	0	0	14
Professionals Tachnicing	1	0	4	1	0	0	0	0	3	0	0	0	0	0	9
Technicians Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0 4
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	0	17	4	0	0	0	1	0	0	0	0	0	1	26
Laborers and Helpers	6	0	4	18	1	0	0	0	3	5	0	0	0	1	38
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	11	2	39	26	1	0	0	1	8	6	0	0	0	2	96

SECTION I – WORKFORCE SNAPSHOT PERIOD

 PRIOR 2022 REPORTING YEAR TOTAL
 8
 1
 31
 5
 2
 0
 0
 1
 3
 1
 0
 0

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	11 014.1		· · · · · ·	<b>O111</b> (.	LLO.	1 001/1	1 01 (12)	. (1 1)				Expir	ation Dat	e: 11/30/	2026
				TION A . BLISHN				:T							
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
500 W MADISON								HICAG				IL		6066	61
SECTION C - I HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<mark>ΓΙΟΝ</mark> (if Γ-LEVEL	f applica	ıble)			
MV45633					TILADQ	-	bersbu				IVAIVIL				
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADE	DRESS					TY/TOW				STATE		ZIP CC	DE
2956 Lincoln								IBERS				PA		1720	
	SECTI	ON D -	EMPI	LOYER	IDEN	TIFICA'	TION N	UMBE	R (EIN	)					
_				EMPLO		FILING									
X YES (Employer Is Eligib				-							IGER I	N BUSI	NESS		
S	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  ment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
☐ <b>YES</b> (Single-Establish	ment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES	Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
_	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														
										o r odora	Comme				
	423	140 - M	otor V	ehicle P	arts (L	Ised) Mo	erchant	Whole	salers						
	SE	CTION	N H – V	VORKF	ORCE		GRAPE Race/E								ı
	Hier	anic						Hispan	<u>,                                      </u>	atino					
		atino			M	ale	1101	Порил		atino	Fen	nale			
						. 5									
				an		Native Hawaiian or Other Pacific Islander	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	Row
JOB CATEGORIES	۵	<u>e</u>	gy.	Black or African American	_	aiia Isl	nerican Indian Alaska Native	e R	gy.	or neri	ء	aiia Isl	nerican Indian Alaska Native	ė A	Total
	Male	Female	White	ck or Afric American	Asian	law cific	an Ir ca N	Mor	White	Black or an Amer	Asian	law cific	an Ir ca N	Mor	
		R.	>	Am	⋖	Ve F	ask	o_	>	Bla	⋖	Ve F	ask	o I	
				Bla		lati	\me Al	Ň		Afri		lativ	\me Al	Ň	
						2 0	`	_				2 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	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers Operatives	0	0	9	0	0	0	0	0	0	0	0	0	0	0	11 7
Laborers and Helpers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTA		0	24	0	0	0	0	0	2	0	0	0	0	0	27
PRIOR 2022 REPORTING YEAR TOTA	_ 2	1	17	0	0	0	0	0	1	0	0	0	0	0	21

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLOY 2023 EMPLOYER INI													Revised ontrol Nu ration Da	mber: 30	
			-	-		E OF RI	-								
						LEVEL									
OFS COMPANY ID		SECT	ION B	– EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					С	HICAG				OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
500 W MADISON S	T STE	2800					С	HICAG	0			IL		6066	61
SECTION C – HE	ADQU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID						UARTE									
QP16642							Co	ocoa Fl	_						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
809 N Cocoa	Blvd						(	COCOA	Ą			FL		3292	22
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER FILING ELIGIBILITY														
	SECTION E – EMPLOYER FILING ELIGIBILITY														
X YES (Employer Is Eligible	to File)	□ NO	(Emplo	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER I	NO LO	NGER I	IN BUS	INESS		
SEC	TION					OR DE		TION (i	if applic	able)					
_			_	-		Not App									
☐ YES (Single-Establishme	ent Emp	loyer is	Federa	l Contra	ctor)	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (H	eadqua	rters is F	ederal	Contrac	tor)	YES (N	on-Head	dquarter	s Establ	ishment	is Feder	al Conti	ractor)		
		□ Y	<b>ES</b> (Or	ne or Mo	ore Non	-Headqu	arters E	Establish	ments i	s Federa	l Contra	actor)			
	400	S1	ECTIC	NG-I	NAICS	INFOR	MATIO	N	ooloro						
						DEMO									
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or ther Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or ther Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
				ш		P &	An	≥		Ä		P S	An .	≥	

	Hier	anic					Not	Hispan	ic or I	atino					
		atino			M	lale	1101	Пораг	1001 2	atino	Fer	nale			
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	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	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
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 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2023 EMPLOYER IN	FORM	AHO	NKEI	OKI (	EEO-	I COM	PONE	N1 1)					ation Dat		
			-	TON A			-	т			•				
		SECT		B – EMP											
OFS COMPANY ID		SECI	IONI	- ENII	LOIL	KIDEN		OYER N	AME						
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/NI			STATE		ZIP CO	DE
500 W MADISON	OT OTE	2000						HICAG							
												IL		6066	) [
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (it Γ-LEVEL	fapplica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					пеарс	UAKTEI				I-LEVEL	NAME				
EB29895								annah (							
HEADQUARTERS OR ESTABLISHM		EL ADE	RESS					TY/TOW				STATE		ZIP CO	
60 Telfair I								VANN				GA		3141	5
					952920	557				)					
Warner or a service	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
	le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CCTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SE	CCTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable  nent Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)														
VEC (Cinala Establishe	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
	<u>Unique Entity ID (UEI)</u> : Not Applicable														
☐ YES (	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor) Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)														
	nent Employer is Federal Contractor) <b>TYES</b> (Multi-Establishment Employer is Federal Contractor)														
	423°	S 140 - M	ectic	ON G - N ehicle P	NAICS	INFOR	MATIO	N Whole	calare						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
							Race/E		•						
		anic					Not	Hispan	ic or L	atino					
	or La	atino		1	M	lale					Fen	nale	1 1		
						or der	j.	S		_		or der	ō	S	
100.0475.000150				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	Row
JOB CATEGORIES	an an	<u>e</u>	ø.	\fri	u	aiis	ndi Iati	9	ø	or	u	raiis S Isl	ndi lati	9	Total
	Male	Female	White	ck or Afric American	Asian	ĬĘ a l	nerican Indian Alaska Native	٩ō	White	Black or an Amer	Asian	la Mi	nerican Indian Alaska Native	٩	
	_	P.	>	ke An A	٧	Рас	ica	7	>	Bla	¥	Рас	ica	2	
				slac ,		er të	Ala	é		fric		er l	Alg	õ	
				ш		울	Ā	Ě		⋖		울	Ā	Ě	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1	0	3	0	0	0	0	0	2	0	0	0	0	0	6
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	1	0	4	0	0	0	0	0	1	0	0	0	0	0	6
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers Operatives	3	0	5 8	10	0	0	0	0	0	0	0	0	0	0	7 21
Laborers and Helpers	0	0	0	2	0	0	0	0	2	0	0	0	0	0	4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	5	0	20	13	0	1	0	0	6	0	0	0	0	0	45
PRIOR 2022 REPORTING YEAR TOTAL	2	0	12	11	0	1	0	2	4	0	0	0	0	0	32

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/10/2023 - 12/23/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

2020 ENTI EO TEXT	11 011		·	<b>O111</b> (.	LLO .	1 00111	1 01 (12)	. ()				Expir	ation Dat	e: 11/30/	2026	
SECTION A – TYPE OF REPORT  ESTABLISHMENT-LEVEL REPORT  SECTION B – EMPLOYER IDENTIFICATION																
		SECT	TION B	B – EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID							EMPL	OYER N	IAME							
AC16425					С	HICAG	O IL - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CODE		
500 W MADISON	CHICAGO							IL 6066								
SECTION C – I HO/ESTABLISHMENT-LEVEL UNIT ID	<u>IEADQU</u>	ARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	<b>ΓΙΟΝ</b> (if Γ-LEVEL	f applica	ıble)				
AC21243					пеарс	UAKTE		leville I		I-LEVEL	INAME					
HEADQUARTERS OR ESTABLISHM	AENT LEX	/EL ADE	DECC		1			TY/TOV				CT A TE	1	ZIP CC	DE	
•			JKESS													
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)																
952920557  SECTION E - EMPLOYER FILING ELIGIBILITY																
X YES (Employer Is Eligib										NO LON	NGER I	N BUSI	NESS			
SI	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (	if applic	able)						
	-			tity ID (												
☐ YES (Single-Establish	-	•														
☐ YES	Headqua	rters is I	Federal	Contract	tor)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)			
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)																
SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers																
SECTION H – WORKFORCE DEMOGRAPHIC DATA																
							Race/E	thnicit	у							
		anic				Not Hispanic or Latino  Male F										
	or Latino				M	ale					Fen	nale				
JOB CATEGORIES				can		Native Hawaiian or Other Pacific Islander	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	Row	
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	waii ic Is	nerican Indian Alaska Native	ore F	White	Black or an Amer	Asian	waii ic Is	nerican Indian Alaska Native	ore F	Total	
	Ř	Fen	×	k or	Asi	Ha	can ska	Ϋ́	×	slac an A	Asi	Ha	can ska	ž		
				lac		tive er P	neri Ala:	0 0		Frica		tive er P	neri Ala:	0		
				<u> </u>		Na Oth	An	¥		¥		Na Oth	An	≥		
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	8	0	0	0	0	0	1	0	0	0	0	0	9	
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	8	0	0	0	0	0	4	0	0	0	0	0	12	
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
Craft Workers	1	0	8	1	0	0	0	0	0	0	0	0	0	0	10	
Operatives	1	0	4	1	0	0	0	1	0	0	0	0	0	0	7	
Laborers and Helpers	1	0	2	2	0	0	0	0	2	0	0	0	0	0	7	
Service Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
CURRENT 2023 REPORTING YEAR TOTAL	L 3	0	32	4	0	0	0	1	8	0	0	0	0	0	48	
PRIOR 2022 REPORTING YEAR TOTAL	2	0	21	1	0	0	0	2	8	1	0	0	0	0	35	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
				TON A							•						
			_	BLISHN			_										
OFS COMPANY ID		SECT	TON B	– EMP	LOYE	R IDEN			AME								
AC16425	EMPLOYER NAME CHICAGO IL - CORPORATE OFFICE																
						пісаві				OFFICE	_						
ADDRESS								TY/TOW				STATE		ZIP CODE			
500 W MADISON ST STE 2800 CHICAGO												IL 60661					
SECTION C - HI	ADQU	ARTE	RS OR									able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
QP16114	Saginaw MI																
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADE	RESS				Cl	TY/TOW	VN			STATE		DE			
3965 Fortun	e Rd						S	AGINA'	W			MI 486			)3		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557																	
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Y								
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ïle)	EMPL	OYER	NO LO	NGER I	IN BUSI	NESS				
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)																	
		Uni	ique En	tity ID (	UEI):	Not App	olicable		••								
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)				
□ VES (F	leadana	rters is I	Sederal	Contrac	tor) $\square$	VES (N	Jon-Head	danarter	c Fetabl	ishment	is Feder	al Contr	actor)				
	☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)																
	423′	140 - M	otor V	NG-1 ehicle P	arts (U	Ised) M	erchant	Whole	salers								
	SE	CTION	N H – V	VORKF	ORCE										T		
							Race/E		•								
	Hispanic or Latino					Not Hispanic or Latino Male							Female				
	Of La	atino			IVI	ale					ren	naie					
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	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		
Salas Workers	0	0	0	0	Λ	0	I 0 _	I 0		1 0	0	Λ	Λ	0	. n		

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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

Administrative Support Workers

**CURRENT 2023 REPORTING YEAR TOTAL** 

PRIOR 2022 REPORTING YEAR TOTAL

Craft Workers

Service Workers

Laborers and Helpers

Operatives

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

## SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

 AC16425
 CHICAGO IL - CORPORATE OFFICE

 ADDRESS
 CITY/TOWN
 STATE
 ZIP CODE

 500 W MADISON ST STE 2800
 CHICAGO
 IL
 60661

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

HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

EB30612 Wilmington CA - PYP

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN STATE ZIP CODE
1232 Blinn Avenue WILMINGTON CA 90744

## ${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

953406551

### 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): 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)

EMPLOYER NAME

## SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

## SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA																	
Race/Ethnicity																	
	Hisp	anic		Not Hispanic or Latino													
	or Latino		Male Female														
														1			
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
First/Mid-Level Officials and Managers	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3		
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Sales Workers	7	3	1	0	0	0	0	0	0	0	0	0	0	0	11		
Administrative Support Workers	4	3	0	0	0	0	0	0	0	0	3	0	0	0	10		
Craft Workers	2	0	1	0	0	1	0	0	0	0	0	0	0	0	4		
Operatives	30	0	0	0	0	0	0	0	0	0	0	0	0	0	30		
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 2023 REPORTING YEAR TOTAL	46	6	2	0	0	1	0	0	0	0	3	0	0	0	58		
PRIOR 2022 REPORTING YEAR TOTAL	25	2	1	0	0	1	0	0	0	0	2	0	0	0	31		

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/10/2023 - 12/23/2023

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