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

2024 EMPLOYER II	SECTION A - TYPE OF REPORT														2026
			SECT	ION A	– TYPI	E OF RI	EPORT								
			С	ONSOL	LIDATE	D REP	ORT								
		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID						1 201 -		OYER N		255105					
AC16425					IN	ashville				JFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C - H	EADQU	JARTE	RS OR									ıble)	l.		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI	RS OR ES	STABLIS	HMENT	-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADI	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
	SECTI	ON D -	EMPI	OYER	IDENT	TIFICA'	TION N	UMBE	R (EIN)	I				
				9	952920	557									
						FILING									
X YES (Employer Is Eligib	e to File)	□ NO	(Emple	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER N	NO LON	NGER I	N BUSI	INESS		
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable VES (Single Establishment Employer is Enderal Contractor) VES (Multi Establishment Employer is Enderal Contractor)															
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)															
	55111					INFOR nd Regi			n Office	s					
						DEMO									
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	or L	atino			М	ale				1	Fen	nale	1		
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				Ę		Native Hawaiian or Other Pacific Islander	o r	Two or More Races		an		Native Hawaiian or Other Pacific Islande	o c	Two or More Races	
JOB CATEGORIES		4		Black or African American		iiar sla	nerican Indian Alaska Native	Ra		Black or African American		iiar sla	nerican Indian Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers	10	1	144	2	0	0	0	3	24	0	1	0	0	0	185
First/Mid-Level Officials and Managers	213 52	55 37	1071	60	21	6 1	8	40	246	21	7	0	0	8 14	1757
Professionals Technicians	0	0	358 0	36 0	13 0	0	0	20 0	203 0	32 0	18 0	0	0	0	785 0
Sales Workers	556	144	1059	135	16	5	14	62	250	40	4	2	9	14	2310
Administrative Support Workers	65	146	116	19	1	0	1	10	293	40	16	1	2	22	732
Craft Workers Operatives	294 1371	1 87	530 2467	73 846	15 86	6 20	5 33	31 152	3 204	2 46	10	0	0	12	960 5335
Laborers and Helpers	730	100	916	543	76	19	11	86	145	70	5	0	2	9	2712
Service Workers	9	22	37	7	2	0	0	1	70	14	1	1	2	6	172
CURRENT 2024 REPORTING YEAR TOTAL	3300	593	6698	1721	230	57	73	405	1438	265	62	5	16	85	14948
PRIOR 2023 REPORTING YEAR TOTAL	3332	652	7343	1780	259	64	73	440	1635	298	59	4	16	108	16063

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/8/2024 - 12/21/2024

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

Not Applicable

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

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

SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

CERTIFICATION COMMENTS (optional)

Corporate office changed from Chicago, IL to Nashville, TN in July 2024.

denise.eden@lkqcorp.com

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 6/18/2025 10:40 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official **DENISE MOORE** Senior Manager HR Services Email Address of Certifying Official Telephone Number of Certifying Official denise.eden@lkgcorp.com 615-280-4004 PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING Title and Employer of Primary POC Name of Primary POC Senior Manager HR Services **DENISE MOORE** Email Address of Primary POC Telephone Number of Primary POC

615-280-4004

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

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2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	I COM	PONE	NT 1)					ation Dat		
				TION A							ı				
		SECT	TON B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C - HI	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					T-LEVEL	NAME				
AC16425						Nash	/ille TN	- Corpo	orate C	office					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
	SECTI	ON D -	EMPI	LOYER	IDENT		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 Fi	ile)	EMPLO	OYER	NO LON	NGER I	N BUS	INESS		
SEC	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable 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)														
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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
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Executive/Senior Level Officials and Managers	1	0	10	0	0	0	0	0	5	0	1	0	0	0	17
First/Mid-Level Officials and Managers	0	1	6	0	1	0	0	0	2	0	1	0	0	1	12
Professionals Technicians	1	3	5	0	0	0	0	0	9	2	0	0	0	0	20
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	2	4	21	0	1	0	0	0	17	2	2	0	0	1	50

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/8/2024 - 12/21/2024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)
Corporate HQ - name and address changed to Nashville, TN

PRIOR 2023 REPORTING YEAR TOTAL

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

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2024 EMPLOYER IN	rUKM	AHO	NKLI	OKI (EEU-	COM	PUNE	NI 1)					ation Dat		
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OFS COMPANY ID								OYER N.		255125					
AC16425					N	asnville				OFFICE					
ADDRESS							CI	TY/TOW	'N			STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ard					NA	SHVILI	LE			TN		3701	3
SECTION C - HI	EADOU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA	ΓΙΟΝ (if	applica	able)	l .		
HQ/ESTABLISHMENT-LEVEL UNIT ID										-LEVEL		•			
A414580							Beth	lehem I	PA						
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3658 Route 378, P								ГНЦЕНІ				PA		1801	
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_				EMPLO											
X YES (Employer Is Eligible	to File)	∐NO	(Empl	oyer Is N	ot Elig	ible to F	ile) 🔲	EMPL()YER I	NO LON	IGER I	IN BUS	INESS		
SEC	CTION			L CONT				ΓΙΟΝ (i	f applic	able)					
☐ YES (Single-Establishm															
□ YES (F	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 1	s Federa	l Contra	actor)			
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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	•	<u>e</u>	o o	ck or Afric American	_	aii	nerican Indian Alaska Native	e E	ø	o.	_	aii	nerican Indian Alaska Native	е В	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	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	7	0	0	0	0	0	0	0	0	0	0	0	0
Operatives Laborers and Helpers	2	0	3	0	0	0	0	0	0	0	0	0	0	0	9 5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	4	0	15	0	0	0	0	0	1	0	0	0	0	0	20

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

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

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

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

SECTION A - TYPE OF REPORT

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

AC16425 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** TN 37013

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

AC20462

Houston TX - Best Core

EMPLOYER NAME

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1710 West Mt Houston Road

CITY/TOWN STATE **HOUSTON** TX

ZIP CODE 77038

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														
	Hisn	anic							ic or L	atino					
		atino			М	ale	1401	Поран	IC OI L	шино	Fon	nale			
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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	5	0	5	0	0	0	0	1	1	0	0	0	0	0	12
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	1	0	2	0	0	0	0	0	1	0	0	0	0	0	4
Administrative Support Workers	2	0	0	0	0	0	0	0	0	1	0	0	0	0	3
Craft Workers	8	0	1	0	0	0	0	1	0	0	0	0	0	0	10
Operatives	14	0	0	0	0	1	0	0	0	0	0	0	0	0	15
Laborers and Helpers	54	0	0	5	0	0	1	1	0	0	0	0	0	0	61
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	84	0	10	5	0	1	1	3	2	1	0	0	0	0	107
PRIOR 2023 REPORTING YEAR TOTAL	86	0	11	7	0	1	1	5	2	1	0	0	0	0	114

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	AHO	NKEI	OKI (EEO-	COM	PONE.	N1 1)					ation Dat		
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OFS COMPANY ID		BECI	10111	Livii	LOIL	K IDEA		OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS					1		CI	TY/TOW	/NI		1	STATE	1	ZIP CC	DE
	Davilaria														
5846 Crossings								SHVIL				TN		370′	13
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
AC20682							Cryst	al Rive	r FL						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
4950 West Norvell E	ryant Hi	ighway					CRYS	STAL R	IVER			FL		3442	29
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN)					
				EMPL	OYER	FILING									
X YES (Employer Is Eligible				-							NGER I	IN BUS	INESS		
SE	CTION							ΓΙΟΝ (i	if applic	able)					
	· ·														
☐ YES (Single-Establish	tablishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
□ VES ((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)														
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							Race/E		•						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale				1	Fen	nale			
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				⊊		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
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	3	0	0 12	0	0	0	0	0	3	0	0	0	0	0	0 18
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	10	1	0	0	0	0	4	0	0	0	0	0	16
Administrative Support Workers	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4
Craft Workers Operatives	7	0	27 46	1	0	0	0	1	6	0	0	0	0	0	32 61
Laborers and Helpers	0	0	12	1	0	0	0	0	1	0	0	0	0	0	14
Service Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2024 REPORTING YEAR TOTAL	15	0	108	4	0	0	0	2	20	0	0	0	0	0	149
PRIOR 2023 REPORTING YEAR TOTAL	17	0	106	7	0	0	1	2	16	0	0	0	0	0	149

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

OMB Control Number: 3046-0049

												Expir	ation Dat	e: 11/30/.	2026
			SECT	ION A	- TYP	E OF RI	EPORT								
			ESTA	BLISHN	1ENT-I	LEVEL I	REPOR	RT.							
		SECT	ION R	- EMP	LOVE	R IDEN	TIFICA	TION							
OFS COMPANY ID		SECI	ION D	- ENT	LOIL	KIDEN		OYER N	AMF						
AC16425					N	lashville				SEEICE					
AC10423					IN	asiiviile	TIN - C	OKFO	KAIL	JITICL					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
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SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKILI	KS UK			UARTEI						ibie)			
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AC20770						Je	nkinsbu	irg GA	- Atlant	a					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
2401 Highway	42 Nort	h					JENI	KINSBI	JRG			GA		3023	34
			T	OFFER	*****		TT-0313								
	SECTI	ON D –	EMPI	LOYER			TION N	UMBE	R (EIN)					
		~=~~			52920										
				EMPLO											
X YES (Employer Is Eligible	to File)	☐ NO	(Emple	oyer Is N	ot Elig	ible to F	ile) 🔲 🛚	EMPL	OYER I	NO LON	IGER I	N BUSI	NESS		
SEC	TION	F – FEI	DERAI	CONT	RACT	OR DE	SIGNA	TION (if applie	able)					
SEV.	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 (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 (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)															
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	SE	CTION	I H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
							Race/E	thnicity	У						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			M	lale					Fen	nale			
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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>o</u>	Female	White	ck or Afric American	Asian	ic Va	Na P	re	White	Black or an Amer	Asian	wa ic I	S P	re	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	2	1	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	1	0	2	0	0	0	0	1	3	0	0	0	0	0	7
Administrative Support Workers	0	0	0	0	0	0	0	0	2	1	0	0	0	0	3
Craft Workers	1	0	11	2	0	0	0	1	1	0	0	0	0	0	16
Operatives	0	0	10	18	0	0	0	0	7	1	0	0	0	0	41 11
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	3 0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	3	1	27	26	2	0	1	5	18	2	0	0	0	0	85
PRIOR 2023 REPORTING YEAR TOTAL	4	1	34	24	2	0	0	6	16	2	0	0	0	0	89
		SECTIO)N I – '	WORK	FORCI	E SNAP	SHOT I	PERIO	D						

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	AHO	N KEI	PORT (EEO-	I COM	PONE	MI 1)					ration Da		
			SECT	TION A	- TYP	E OF R	EPORT	1			ı ı				
			ESTA	BLISH	MENT-I	LEVEL	REPOF	RT							
		SECT	TION E	B – EMP	PLOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID							EMPL	LOYER N	IAME						
AC16425					N	lashville	TN - C	CORPO	RATE	OFFICE					
ADDRESS							С	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE.			TN		370°	13
SECTION C - H	EADOU	ARTE	RS OR	ESTAB	BLISHN	MENT-I	LEVEL	IDENT	'IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE:	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME				
AC20981							Mel	bourne	FL						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADI	DRESS				С	ITY/TOV	VN			STATE		ZIP CC	DDE
7298 Waelti	Drive						ME	LBOUF	RNE			FL		329	40
	SECTI	OND	EMDI	LOYER	IDENT	FIEICA	TION	IIIMDE	D (EIN	<u> </u>					
	SECTI	UN D -	- Elvir i		952920		TION	VOMIDE	K (EHV	,					
		SECTION	ON E -	- EMPL			ELIG	IBILIT	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)														
	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SE	Unique Entity ID (UEI): Not Applicable														
VFS (Single-Establishm	ent Emr														
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☐ YES (F	Ieadqua	rters is l	Federal	l Contrac	tor)	YES (N	Non-Hea	dquarter	rs Establ	ishment	is Feder	ral Contr	ractor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqı	uarters I	Establish	nments i	s Federa	al Contra	actor)			
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				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	fric	_	aiia Isi	dia	2	4	o eri	_	ig is	nerican Indian Alaska Native	2	Total
	Male	Female	White	ck or Afric American	Asian	aw fic	드	9.0	White	Black or	Asian	aw ific	⊆ ž	ore	lotai
	Σ	Fe	⋝	k o	As	a I	car	Σ	⋝	Sla an	As	a I	car	Σ	
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				B		la la	A A	Š		₹		Par Eperat	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	6	0	0	0	0	0	1	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	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	6	2	0	0	0	1	0	0	0	0	0	0	9

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

Operatives

Laborers and Helpers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

Service Workers

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

2024 EMPLOYER IN	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT													mber: 30 te: 11/30	
				BLISH											
_		SECT	TION I	3 – EMP	PLOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	WN			STATE		ZIP CO	DDE
5846 Crossings I	Bouleva	ard					N/	ASHVIL	LE			TN		370	13
SECTION C - HI	EADQU	JARTE	RS OR	ESTAB	BLISHN	MENT-I	LEVEL	IDENT	TFICA'	TION (i	if application	able)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE:	RS OR E	STABLE	SHMEN	T-LEVEI	NAME				
AC21122						Harri	sville O	H-Rt 2	50Auto	Part					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CO	DDE
152 State Rou	ute 250						HAI	RRISV	ILLE			ОН		439	74
	SECTI	ON D -	- FMP	LOYER	IDEN	LIEICA	TION N	JIIMRE	r (FIN	D.					
	SECTI	OND	121411		952920		110111	VONIDE	M (LIII)	'					
		SECTI	ON E -	- EMPL	OYER	FILING	ELIG	IBILIT	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER	IN BUS	INESS		
				L CON											
SEV.	211011			ntity ID (паррпс	uoic)					
☐ YES (Single-Establishm	ent Emr		_						nent Em	nlover i	s Federa	1 Contra	ctor)		
_ · · ·	•														
YES (F	leadqua							•					ractor)		
		□ Y	ES (O	ne or Mo	ore Non	ı-Headqı	uarters E	Establish	nments i	is Federa	al Contr	actor)			
				ON G - 1											
				ehicle F											
	SE T	CHO	\ H - \	WORKF	ORCE		Race/E								1
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				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		Φ	4	Black or African American	_	lsis	nerican Indian Alaska Native	2		eri	_	l ≣a Isi	nerican Indian Alaska Native	2	Total
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						- 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	0	0	0	0	0	0	6
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	11	1	0	0	0	0	1	0	0	0	0	0	13
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers	0	0	14	0	0	0	0	0	0	0	0	0	0	0	14
Operatives	0	0	12	0	0	1	0	1 1	0	0	0	0	0	0	14

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

Laborers and Helpers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

Service Workers

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

2024 EMPLOYER IN	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					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings	Roulevs	ard						SHVIL				TN		3701	
			20.02	TOTAL D										370	
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	KS OK	ESTAB	HEADO	IENT-L	EVEL	TARLIS	HMEN	ΓΙΟΝ (11 Γ-LEVEL	t applica	ible)			
AC21201					TILADQ	-	tisford \				NAME				
						Tius				115	-				
HEADQUARTERS OR ESTABLISHM		EL ADE	DRESS					TY/TOW				STATE		ZIP CO	
N4079 High	way E						HUS	STISFO	RD			WI		5303	34
					952920	557			,)					
				EMPLO											
X YES (Employer Is Eligibl	e to File)	☐ NO	(Empl	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPLO	OYER 1	NO LON	NGER I	IN BUS	INESS		
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	f applic	able)					
	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	ment Employer is Federal Contractor)														
— VES	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
L IES ((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														
		S	ECTIO)N G – N	NAICS	INFOR	MATIO	N							
	423	140 - M	otor V	ehicle P VORKF	arts (U	Ised) M	erchant	Whole	salers						
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				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		Φ		ric an	_	ajja Isla	dia ativ	ě	•	or eric	_	aiia Isla	dia	Ř	Row Total
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				⊞		Nat	Am /	Š		Αŧ		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	5	0	0	0	0	0	3	0	0	0	0	0	8
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians 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	12	0	0	0	0	1	0	0	0	0	0	0	13
Operatives	0	0	5	0	0	0	0	0	3	0	0	0	0	0	8
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4 0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	32	0	0	0	0	1	9	0	0	0	2	0	44
COMMENT 2024 REPORTING TEAR TOTAL	J	U U	JZ	J	J	0	U	· _	3	v	J	U			77
PRIOR 2023 REPORTING YEAR TOTAL	0	0	31	0	0	0	0	0	9	0	0	0	2	1	43

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	AHO	NKEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat		
			SECT	TION A	- TYP	E OF R	EPORT								
			ESTA	BLISH	∕IENT-I	LEVEL	REPOR	RΤ							
		SECT	ION B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		OFFIOR					
AC16425					N	asnville				OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					N.A	SHVIL	LE			TN		370′	13
SECTION C - H	EADQU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	LEVEL	IDENT	IFICA'	TION (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
AC21243							Bel	leville N	ΛI						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DE
41247 E Huro	n River						BE	LLEVIL	LE .			MI		4811	11
	SECTI	ON D -	EMPI	LOYER	IDEN	TIFICA'	TION N	UMBE	R (EIN)					
					952920				(,					
	;	SECTIO	ON E -	EMPL	OYER	FILING	G ELIGI	BILIT	Y						
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		
SE	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	hment Employer is Federal Contractor)														
□ ves ((Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
125(1	(Headquarters is Federal Contractor)														
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	423			ehicle P					salers						
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	or La	atino			M	lale					Fer	nale			
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JOB CATEGORIES		-		Black or African American		iiar	nerican Indian Alaska Native	Ra		Black or African American		iiar	American Indian Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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 Administrative Support Workers	0	0	8	0	0	0	0	0	0	0	0	0	0	0	12
Craft Workers	1	0	7	1	0	0	0	1	0	0	0	0	0	0	10
Operatives	0	0	5	1	0	0	0	1	0	0	0	0	0	0	7
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	7
CURRENT 2024 REPORTING YEAR TOTAL	2	1	29	4	0	0	0	2	7	0	0	0	0	0	45
CORRENT 2024 REPORTING TEAR TOTAL			29	4	U	U	U	2	/	U	U	U	U	U	40
PRIOR 2023 REPORTING YEAR TOTAL	3	0	32	4	0	0	0	1	8	0	0	0	0	0	48

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER INI	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A - TYPE OF REPORT														2026
				TION A							l				
		SECT	ION E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	/N			STATE		ZIP CC	DE
5846 Crossings E	Soulevs	ard						SHVIL				TN		370	
														370	10
SECTION C – HE HQ/ESTABLISHMENT-LEVEL UNIT ID	ADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL.	IDENT	HICA	TION (1: Γ-LEVEL	t applica	able)			
					пеарс						NAME				
AC21287						vvebs	ster MA			rans					
HEADQUARTERS OR ESTABLISHME		EL ADE	RESS					TY/TOV				STATE		ZIP CC	
4 Old Douglas	Road						W	EBSTE	R			MA		0157	70
	SECTI	ON D -	EMPI	LOYER	IDEN'		TION N	UMBE	R (EIN	D)			W		
		SECTIO	ON E -	·EMPL			ELIGI	BILIT	Y						
X YES (Employer Is Eligible		-			_		_			NO LOI	NGER I	IN BUSI	INESS		
				L CONT									- 1		
SEC	JION .							IION (п аррпс	able)					
VEC (Circle Established	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)														
TYES (H	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	· · · · <u> </u>														
		140 - M	otor V	ehicle P	arts (L	Jsed) M	erchant	Whole							
	SE	CTION	V H – V	VORKF	ORCE										
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	8	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	2	0	10	0	0	0	0	0	0	0	0	0	0	0	1 12
Operatives	1	0	4	0	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers	2	0	2	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 2024 REPORTING YEAR TOTAL	5	0	24	0	0	0	0	0	1	0	0	0	0	0	30
PRIOR 2023 REPORTING YEAR TOTAL	3	0	27	0	0	0	1	0	1	0	0	0	0	0	32

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
				TION A BLISHN			-								
,		SECT	ION B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CC	DE
5846 Crossings E	Bouleva	ard					N.A	SHVIL	LE			TN		370′	13
SECTION C - HE	EADQU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (i	f applica	able)	l .		
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		•			
AC21531							Birmi	ingham	AL						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				Cl	TY/TOW	VN			STATE		ZIP CC	DE
24559 Highway	79 Nor	th					TR	RAFFOR	RD			AL		3517	72
			EMPI	LOYER			TION N	UMBE	R (EIN)					
				EMPL		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 BUS	INESS		
SEC	CTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA'	TION (i	if applic	able)					
		<u>Uni</u>	que En	tity ID (<u>UEI)</u> :	Not App	licable								
☐ YES (Single-Establishme	nment Employer is Federal Contractor)														
□ VES (H	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	(Headquarters is Federal Contractor)														
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				_		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	Кас		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian Alaska Native	Кас	Row
JOB CATEGORIES	ø	Female	Ę.	ck or Afric American	2	vaii	nd Aat	ē	ā	Black or	2	vaii	ndi Vat	ē	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	6	0	0	0	0	0	3	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	0	0	5	0	0	0	0	0	2	0	0	0	0	0	7
Administrative Support Workers Craft Workers	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
Operatives	1	0	20	6	0	0	0	1	6	0	0	0	0	0	34
Laborers and Helpers	0	1	3	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 2024 REPORTING YEAR TOTAL	1	1	41	8	0	0	0	2	12	0	0	0	0	0	65
PRIOR 2023 REPORTING YEAR TOTAL	2	1	46	8	0	0	0	0	12	0	0	0	0	0	69

SECTION I – WORKFORCE SNAPSHOT PERIOD

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

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

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

2024 EMILOTEKT	SECTION A – TYPE OF REPORT													e: 11/30/	2026
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		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossing	Bouleva	ard					NA	SHVIL	LE			TN		370	13
SECTION C - 1	IEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ble)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME				
AC21584						Red	dding C	A - Nor	thern (CA					
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADI	RESS				CI	TY/TOW	VΝ			STATE		ZIP CC	DE
2850 Vikir	g Way						R	EDDIN	G			CA		9600)3
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN)	•				
X YES (Employer Is Eligit				EMPLO						NO LON	JCED I	N DUCI	MECC		
											NGERI	IN DUSI	INESS		
8	ECTION							TION (1	if applic	able)					
□ VFS (Single-Establish	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) Headquarters is Federal Contractor) VFS (Non-Headquarters Establishment is Federal Contractor)														
- - · · ·	nent 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														
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	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPH	IIC DA	TA						
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino					
	or L	atino		1	M	ale	1				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		ø.		ric	_	iiiai Isla	dia	Ra		or eric	_	ıiiaı Isla	dia	Ra	Row Total
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Evenutive/Senior Level Officials and Manager	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	11	0	0	0	0	0	0	0	0	0	0	0	11
Professionals	0	0	0	0	0	0	0	0	0	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	11	0	1	0	1	1	0	0	0	0	0	0	14
Administrative Support Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	2	0	15	1	1	1	0	2	0	0	0	0	0	0	22
Operatives	6	0	32	0	2	0	4	1	0	0	0	0	0	0	45
Laborers and Helpers Service Workers	0	0	4	0	0	1	0	0	0	0	0	0	0	0	5
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTA	_ 8	0	73	2	4	2	5	4	0	0	0	0	0	0	98
PRIOR 2023 REPORTING YEAR TOTA	_ 8	0	93	3	4	3	5	5	1	0	0	0	0	0	122

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FUKM	AHO	N KEI	OKI (EEO-	I COM	PONE	N I I)					ation Dat		
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		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADOL	ARTE	RSOR	ESTAB	LISHN	AENT-I	EVEL	IDENT	IFICA'	FION (it	f annlica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	LIIDQU		ub OIL	LOTIL	HEAD	UARTE	RS OR ES	STABLIS	HMEN	T-LEVEL	NAME	1010)			
AC21641							Akron	OH - Ti	riplett						
HEADQUARTERS OR ESTABLISHM	ENT LEX	/EL ADE	DECC		-			TY/TOW	•			STATE		ZIP CO	IDE .
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1435 Triplet												OH		4430	
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		an any	~~~		952920										
				EMPL											
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		
SE	CTION							TION (i	if applic	able)					
		Uni	ique En	tity ID (UEI):	Not App	licable								
☐ 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 (■ YES (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) SECTION G – NAICS INFORMATION														
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				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 (Two or More Races	Row
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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 Administrative Support Workers	0	0	23 3	0	0	0	0	0	9	1	0	0	0	0	36 25
Craft Workers	0	0	22	3	0	0	0	0	1	0	0	0	0	0	26
Operatives	0	0	31	15	0	0	0	1	3	2	0	0	0	0	52
Laborers and Helpers	1	1	3	5	0	0	0	0	3	0	0	0	0	0	13
Service Workers	0	0	4	1	1	0	0	0	4	2	0	0	0	0	12
CURRENT 2024 REPORTING YEAR TOTAL	2	2	110	25	2	0	0	2	51	7	0	0	0	0	201
PRIOR 2023 REPORTING YEAR TOTAL	2	0	115	27	2	0	0	5	55	6	0	0	0	2	214

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

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OFS COMPANY ID								OYER N		255105					
AC16425					N	ashville	IN-C	ORPO	RATE	JEFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ırd					NA	SHVIL	LE			TN		3701	3
SECTION C - HI	EADQU	ARTEI	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA	Γ ΙΟΝ (if	fapplica	ble)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMENT	-LEVEL	NAME				
AC21694							To	oeka K	S						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
5725 SW Tope	ka Blvc	l					Т	OPEK	A			KS		6661	9
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X YES (Employer Is Eligible	to File)	□NO	(Emple	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPL	OYER I	NO LON	IGER I	N BUSI	INESS		
SEC	CTION					OR DE		ΓΙΟΝ (i	if applic	able)					
		<u>Uni</u>	que En	tity ID (UEI):	Not App	licable								
☐ 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															
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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	1	0	15	1	0	1	0	1	2	0	0	0	0	0	21
Professionals Technicians	0	0	11 0	0	0	0	0	0	0	0	0	0	0	0	13 0
Sales Workers	5	0	35	0	0	0	0	0	1	0	0	0	0	0	41
Administrative Support Workers	1	0	11	0	0	0	0	0	2	0	0	0	0	0	14
Craft Workers	3	0	14	0	1	1	0	3	0	0	0	0	0	0	22
Operatives Laborers and Helpers	6	1	32 5	0	0	0	0	0 4	3 1	0	0	0	0	0	37 18
Service Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
CURRENT 2024 REPORTING YEAR TOTAL	18	1	125	2	1	2	0	8	12	0	1	0	0	0	170
PRIOR 2023 REPORTING YEAR TOTAL	17	1	123	2	2	2	1	10	12	0	0	0	0	0	170
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SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 COM	PONE	NT 1)					ation Dat		
						E OF RI					ı				
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OFS COMPANY ID		SECT	TON B	<u> – EMP</u>	LOYE	R IDEN		ATION OYER N	AME						
AC16425					N	lachvilla				OFFICE					
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ADDRESS								TY/TOW				STATE		ZIP CO	DE
5846 Crossings B	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTEI	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME				
AC21843						В	ronx NY	′ - Hun	ts Poin	t					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
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SEC	CTION					OR DE		ΓΙΟΝ (i	if applic	able)					
	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
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JOB CATEGORIES		o o		Black or African American		ija	dia	æ		or eric		ija	American Indian Alaska Native	æ	Row Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	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	4	1	0	0	0	0	0	0	0	1	0	0	0	0	6
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	9	0	0	4	0	0	1	0	0	0	0	0	0	0	14
Laborers and Helpers	9	0	0	0	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 2024 REPORTING YEAR TOTAL	25	2	0	4	0	0	1	0	0	1	1	0	0	0	34
PRIOR 2023 REPORTING YEAR TOTAL	30	3	0	5	0	0	1	0	0	1	1	0	0	0	41

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Da		
				TION A							l l				
		CECT		BLISH											
OFS COMPANY ID		SECI	ION	3 – EMP	LUYE	K IDEN		OYER N	IAME						
					N.					OFFICE	_				
AC16425					IN	asnville				OFFICE			1		
ADDRESS								ITY/TOV				STATE		ZIP CO	
5846 Crossings E								ASHVIL				TN		370	13
SECTION C – HE	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	'IFICA'	TION (i Γ-LEVEL	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ						NAME				
AC22112						Ja	nesville			0					
HEADQUARTERS OR ESTABLISHME		EL ADI	DRESS					ITY/TOV				STATE		ZIP CO	
2101 Beloit A	venue						JA	NESVII	LLE			WI		535	46
	SECTI	ON D -	-EMP	LOYER	IDEN'		TION N	NUMBE	R (EIN	D	•		•		
		SECTIO	ON E -	- EMPL			ELIG	IBILIT	Y						
X YES (Employer Is Eligible										NO LO	NGER I	IN BUS	INESS		
				L CONT											
520	711011			ntity ID (п аррис	aoic)					
YES (Single-Establishm	nment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
	· ·														
L YES (F	(Headquarters is Federal Contractor)														
	S (Headquarters is Federal Contractor)														
	423			ON G - I ehicle F					salers						
	SE	CTION	V H – V	VORKE	ORCE	DEMO	GRAPI	HIC DA	TA						
							Race/E	thnicit	у						
		anic					Not	Hispar	nic or L	.atino					
	or La	atino		1	N	lale				1	Fer	nale	1	l	4
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	9	0	0	0	0	0	2	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	0	9	0	0	0	0	0	2	0	0	0	0	0	11
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	13	1	0	0	0	0	0	0	0	0	0	0	14
Operatives	2	0	23	4	0	0	0	1	1	0	0	0	0	0	31
Laborers and Helpers Service Workers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	8
CURRENT 2024 REPORTING YEAR TOTAL	3	0	62	6	0	0	0	1	5	0	0	0	0	0	77
COMMENT 2027 NEI ONTING TEAN TOTAL			J.		, v									, , , , , , , , , , , , , , , , , , ,	- "
PRIOR 2023 REPORTING YEAR TOTAL	6	0	63	5	0	0	0	2	6	0	0	0	0	0	82

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLO 2024 EMPLOYER IN		OMB C		08/2023 mber: 304 te: 11/30/2										
			-	– TYPI MENT-L	-					•				
	CIT.													
OFS COMPANY ID	SEC	CTION B	<u> – EMI</u>	LOYE	R IDEN		OYER N	AME						
AC16425				N	ashville		ORPO		OFFICE					
ADDRESS						C	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	Boulevard					N/	ASHVIL	LE			TN		3701	3
SECTION C - H	EADQUART	ERS OR	ESTAI								ble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID				HEADQ	UARTE		STABLIS		-LEVEL	NAME				
AL72931						Grand	d Prairie	e TX						
HEADQUARTERS OR ESTABLISHM	IENT-LEVEL A	DDRESS				STATE		ZIP CO	DE					
4003 Grand Lakes	UARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN 4003 Grand Lakes Way Ste. 200 GRAND PRAIRIE													0
	SECTION I	– EMPI		IDENT 952920		TION N	UMBE	R (EIN)					
		TON E -		_										
X YES (Employer Is Eligibl	e to File) 🔲 N	O (Empl	oyer Is I	Not Eligi	ble to F	ïle)	EMPLO	OYER I	NO LO	NGER I	N BUS	NESS		
SE	CTION F – F	EDERAI Inique En					TION (i	if application	able)					
☐ YES (Single-Establishr	nent Employer	is Federa	l Contra	ctor)	YES (Multi-Es	tablishm	nent Emp	ployer is	s Federal	Contra	ctor)		
☐ YES (Headquarters i	s Federal	Contrac	ctor)	YES (N	Von-Hea	dquarter	s Establi	ishment	is Feder	al Contr	actor)		
		YES (O						ments is	s Federa	ıl Contra	ctor)			
	423140 -	SECTION Motor V						salers						
	SECTION	ON H – V	VORKE	ORCE	DEMO	GRAPI	HC DA	TA						
						Race/E	thnicity	у						
	Hispanic					Not	Hispan	ic or L	atino					
	or Latino		1	M	ale		1		1	Fen	nale		1	
					ē	_	v				e	L	s	

	Race/Ethnicity Hispanic Not Hispanic or Latino														
	Hisp	anic					Not	Hispan	ic or L	atino					
		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	1	5	0	0	0	0	0	0	0	0	0	0	0	7
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	14	6	8	10	0	0	0	4	2	0	0	0	0	0	44
Administrative Support Workers	0	1	0	0	0	0	0	0	2	0	2	0	0	0	5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	8	3	8	2	0	0	0	1	0	0	0	0	0	0	22
Laborers and Helpers	25	8	1	3	0	0	0	0	1	0	0	0	0	0	38
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	48	20	22	15	0	0	0	5	5	0	2	0	0	0	117
PRIOR 2023 REPORTING YEAR TOTAL	42	21	28	20	0	0	0	6	7	1	2	0	0	0	127

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

59

2024 EMI EO I EMIN	SECTION A – TYPE OF REPORT														2026
			ESTA	BLISHN	/IENT-L	_EVEL I	REPOR	RT.							
		SECT	ION B	-EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C – H			OS OD	ECTAD	I ICUN	TENT I				FION (i	fannliae	hla)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKILI	NO OK							Γ-LEVEL		ible)			
AL73681								inerd M		22,22					
			2200									~~.~~		=======================================	
HEADQUARTERS OR ESTABLISHM			RESS					TY/TOW				STATE		ZIP CO	
2110 South 10	In Stee	t					BF	RAINEF	RD			MN		5640)1
	SECTI	ON D -	EMPI	OYER	IDENT 052920		TION N	UMBE	R (EIN)					
	:	SECTIO	NE-	EMPLO			ELIGI	BILITY	Y						
X YES (Employer Is Eligible										NO LON	IGER I	N BUSI	NESS		
SE	CTION							IION (I	п аррпс	able)					
VEC (Circle Fetallisher	· ·														
- - · · ·	ment Employer is Federal Contractor)														
YES (I	(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) SECTION G - NAICS INFORMATION															
	SE			Other NORKE											
	J.	CIIO	(11 — Y	OKKI	OKCE		Race/E								
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		atino			М	ale		mopun		<u> </u>	Fen	nale			
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				_		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islander	ō	Se	
				car		an	an	ac		cal		an	an	ac	Row
JOB CATEGORIES		<u>e</u>	Φ	fric	_	ajis Isl	ndi; ati	e R	as a	or Jeri	_	aiis	ndi; ati	e R	Total
	Male	Female	White	eric	Asian	aw	a n	lor	White	A G	Asian	a a	a N	٥	
	2	Fe	>	ck or Afric American	ď	E SE	ica Isk	-	>	Black or	₹	ac H	ica Isk	Ž	
				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	
				ш		울	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 Professionals	0	0	4	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 Operatives	2	0	0 31	0 1	0	0	0	0 4	0	0	0	0	0	0	0 38
Laborers and Helpers	0	0	10	0	0	0	0	1	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 2024 REPORTING YEAR TOTAL	2	0	47	1	0	0	0	5	1	0	0	0	0	0	56

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

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

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

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

28208

NC

SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT
SECTION B – EMPLOYER IDENTIFICAT

1706 Queen City Drive

SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** TN 37013 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME AL73746 Charlotte NC HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE

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)

CHARLOTTE

SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	DI.	21101	111 /	OKIKI	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	4	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	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	5	0	0	0	0	0	9
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	3	0	5	11	0	0	1	1	1	1	0	0	0	0	23
Laborers and Helpers	6	3	6	33	0	0	0	0	0	3	0	0	0	0	51
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	10	4	16	49	0	0	1	1	9	4	0	0	0	0	94
PRIOR 2023 REPORTING YEAR TOTAL	8	4	14	52	0	0	0	2	7	3	0	0	0	0	90

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

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

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

SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** TN 37013 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME 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) 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	0	0	6	0	0	0	0	0	0	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	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	2	0	6	1	0	0	0	1	0	0	0	0	0	0	10
Operatives	1	0	11	1	0	0	0	0	0	0	0	0	0	0	13
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 2024 REPORTING YEAR TOTAL	4	0	30	2	0	0	0	1	0	0	1	0	0	0	38
PRIOR 2023 REPORTING YEAR TOTAL	5	0	30	1	0	0	0	0	2	1	0	0	0	0	39

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	AHO	NKEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat		
				TION A - BLISHN				T			,				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	l F			TN		3701	3
SECTION C - HI			DC OD	ESTAD	T ICUN	AENT I				TION (i	fannliae				
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	NO OK							Γ-LEVEL		ibie)			
BD23832					`	•	and OR								
HEADQUARTERS OR ESTABLISHMI	ENT LEV	/EL ADD	DECC					TY/TOW				STATE		ZIP CO	DE
10355 Se Fost			KLOO					RTLAN				OR		9726	
10000 00 1 000			EMPI	LOYER)				0720	,,,
		SECTIO	ON E -	EMPLO	952920 OYER		ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPLO	OYER	NO LON	NGER I	N BUS	INESS		
				L CONT											
~									FF	,					
YES (Single-Establishm	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)														
L TES (F	•														
	Headquarters is Federal Contractor)														
	400	S	ECTIC)N G – N	NAICS	INFOR	MATIO	N							
	423°	CTION	JH - V	ehicle P VORKF	ORCE	DEMO	CRAPE	Whole	salers TA						
	J.E.	CTIO	111 - V	VOKKI	ORCE		Race/E								
	Hisp	anic						Hispan	•	atino					
		atino			М	ale					Fen	nale			
				_		Native Hawaiian or Other Pacific Islander	ō	es		_		or der	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 Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	ø.	<u>e</u>	gy.	ck or Afric American	u	aii	ndi Iati	ė	ø	or ner	u	aii s	nerican Indian Alaska Native	ė	Total
	Male	Female	White	or / eri	Asian	lie	an l	۸Ō	White	Black or an Amer	Asian	lay	an l	۸Ō	
		ığ.	>	A CK	▼	Pac Pac	rica	P	>	Bla	▼	e F Pac	rica	P	
				3la		ativ	nel Ala	Š		ıfric		ativ er	nel Ala	Š	
				_		žŧ	₹	2		٩		žŧ	₹	2	
Franchica/Oscional and Official															0
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	6	0	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	2	0	7	0	0	0	1	0	0	0	0	0	0	0	10
Administrative Support Workers Craft Workers	2	0	0 4	0	0	0	0	0	0	0	0	0	0	0	7
Operatives	5	0	9	0	0	1	0	0	0	0	0	0	0	0	15
Laborers and Helpers	1	0	0	2	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 2024 REPORTING YEAR TOTAL	10	0	26	2	0	2	2	0	0	0	0	0	0	0	42
PRIOR 2023 REPORTING YEAR TOTAL	6	0	22	3	0	1	1	1	0	0	0	0	0	0	34

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
				TION A											
			ESTA	BLISH	∕IENT-I	LEVEL	REPOF	RT							
		SECT	TION I	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105	_				
AC16425					N	lashville				OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings I	3ouleva	ard					N/	ASHVIL	LE.			TN		370°	13
SECTION C - HI	ADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR E	STABLIS	SHMEN	T-LEVEL	NAME				
BQ80470						Aus	tell GA	- KAO	Whse A	ATL					
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
600 Hartman Ind	ustrial (Ct.					A	USTE	L			GA		3010	86
	SECTI	ON D -	- EMP	LOYER	IDEN	ΓΙΓΙCΑ	TION N	IUMBE	ER (EIN	D	<u> </u>				
	DECII	0112	22.111		952920		110111	CHIDL	(1311	•/					
		SECTI	ON E -	- EMPL	OYER	FILING	FELIG	BILIT	Y						
X YES (Employer Is Eligible															
SEC	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
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I IES (I	cauqua							-					ractor)		
				ne or Mo					nments i	is Federa	al Contra	actor)			
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							Race/E								
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	or L	atino			M	lale					Fer	nale			
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JOB CATEGORIES	İ			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	Female	ţ	ck or Afric American	Ę	vaii	Ind Nat	ē	ţ.	Black or	Ę	Vaii	lat	ē	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	3	0 5	0	0	0	0	0	0	0	0	0	0	10
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 Administrative Support Workers	0	0	2	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	2	0	6	24	1	0	0	0	2	2	0	0	0	0	37
Laborers and Helpers Service Workers	0	0	6	33 0	0	0	0	0	0	8	0	0	0	0	54 0
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SECTION I - WORKFORCE SNAPSHOT PERIOD

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

No Comment

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

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

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

2024 EMI EO I ER I	M OKI	IATIO	IN INE	OKI (EEO-	COM	TONE	1111)				Expir	ation Dat	e: 11/30/	2026
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				BLISHN											
OFG GOV MANAYA		SECT	TON B	B – EMP	LOYE	R IDEN			113 m						
OFS COMPANY ID					NI.	مالة بطوم		OYER N		OFFICE					
AC16425					IN	asnville				OFFICE					
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CO	DE
5846 Crossing	s Boulev	ard					N/	SHVIL	LE			TN		3701	13
SECTION C -	HEADQU	J ARTE I	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
BZ78962						Hou	ston TX	(- Nortl	hville -	SS					
HEADQUARTERS OR ESTABLISH	MENT-LE	VEL ADE	DRESS					TY/TOW				STATE		ZIP CO	DE
1100 Northy	ille Road	i					Н	OUSTC	ON			TX		7703	38
	SECT	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)													
				-							NGER I	IN BUS	INESS		
S	ECTION	F-FE	DERAI	L CONT tity ID (RACT	OR DE	SIGNA'	TION (i	if applic	able)					
☐ YES (Single-Establish	mont Em		_					60 h 120 h no	ont Em		Fodomo	1 Contro	otom)		
☐ YES	(Headqua	arters is l	Federal	Contrac	tor) 📙	YES (N	lon-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
						_			ments i	s Federa	l Contra	actor)			
)N G - 1											
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	51	ECTION	\ п – v	VUKKE	OKCE		Race/E								
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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	σ	Female	Ę.	ck or Afric American	⊆	vaii c Is	ndi	reF	Ę.	Black or	⊊	vaii	ndi Vat	ē	Total
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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	0	0	0	0	0	0	1
Professionals	0	3	0	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 Administrative Support Workers	1	6	0	0	0	0	0	0	0	1	0	0	0	0	8
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	12	0	1	4	0	0	0	0	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 2024 REPORTING YEAR TOTA	L 17	13	3	4	0	0	0	0	0	1	0	0	0	0	38
PRIOR 2023 REPORTING YEAR TOTA	L 18	14	4	6	0	0	0	0	0	3	0	0	1	0	46
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

OMB Control Number: 3046-0049

				`								Expir	ation Dat	e: 11/30/	2026
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		CECT				EVEL I									
OFS COMPANY ID		SECI	ION B	- EMIP	LUYE	R IDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	JARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL ·	NAME				
BZ79074						Blu	e Islan			le					
HEADQUARTERS OR ESTABLISHM		/EL ADE	DRESS					TY/TOW				STATE		ZIP CO	
2247 139Th								JE ISLA				IL		6040	J6
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA' 557	TION N	UMBE	R (EIN)					
		SECTIO	ON E -			FILING	ELIG	BILITY	Y						
X YES (Employer Is Eligible	e to File)	□ NO	(Emple	oyer Is N	Not Eligi	ible to F	ile)	EMPL	OYER	NO LON	NGER I	IN BUS	INESS		
SE	CTION							TION (i	if applic	able)					
_						Not App									
☐ YES (Single-Establishr	nent Emp	oloyer is	Federa	l Contra	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	ractor)		
		□ Y	ES (Or	ne or Mo	ore Non	-Headqu	arters E	Establish	ments i	s Federa	ıl Contra	actor)			
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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 Other Pacific Islan	American Indian Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	2	0	0 4	0	0	0	0	0	0	0	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	2	0	2	1	0	0	0	0	0	0	0	0	0	0	5
Administrative Support Workers Craft Workers	9	0	0	2	0	0	0	0	0	0	0	0	0	0	1 13
Operatives	10	0	6	5	0	1	0	0	0	0	0	0	0	0	22
Laborers and Helpers	0	0	2	1	0	0	0	0	1	0	0	0	0	0	4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	23	0	16	9	1	1	0	0	3	0	0	0	0	0	53
PRIOR 2023 REPORTING YEAR TOTAL	23	0	22	12	1	0	0	0	6	0	0	0	0	0	64
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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2024 EMPLOYER INI	ORM	ATIO	N KEI	OKT (EEO-	I COM	PONE	NT 1)					ation Dat		
				TON A		-									
		SECT	ION B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							Cl	ITY/TOW	VN			STATE		ZIP CO	DE
5846 Crossings E	Bouleva	ırd					N.A	ASHVIL	LE			TN		3701	3
			DC OD	ECE A D	T TOTTA	ATENIE I				ELONI ()	C 1:			0,0,	
SECTION C – HE HO/ESTABLISHMENT-LEVEL UNIT ID	ADQU	AKILI	KS OK							T-LEVEL		abie)			
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HEADQUARTERS OR ESTABLISHME			RESS					ITY/TOW				STATE		ZIP CO	
2020 E Bakervie	w Roa	d					BEI	LLINGH	IAM			WA		9822	26
	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 SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) VES (Multi-Establishment Employer is Federal Contractor)														
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)														
	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
☐ YES (Single-Establishme	ent Emp	loyer is	Federa	l Contrac	ctor) L	YES (Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
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	Hisp	anic						Hispan		atino					
		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
Executive/Senior Level 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	3	0	0	0	0	0	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	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	42	15	30	4	25	1	1	4	9	0	6	0	0	0	137
Laborers and Helpers Service Workers	0	0	8	0	0	0	0	0	0	0	0	0	0	0	17 1
CURRENT 2024 REPORTING YEAR TOTAL	43	15	46	5	27	1	2	5	13	0	7	0	0	2	166

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

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

2024 EMPLOYER IN	FORM	IATIO	N REI	ORT (EEO-	1 COM	PONE	NT 1)					ation Dat		
						E OF RI					ı				
						LEVEL									
OFS COMPANY ID		SECT	TON E	<u> – EMP</u>	LOYE	R IDEN		ATION OYER N	AME						
AC16425					N	والنبطوما				OFFICE					
					IN	astiville				OFFICE					
ADDRESS								TY/TOV				STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		370	13
SECTION C - H	EADQU	JARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (if	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
CI07048							Sali	sbury N	1C						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOV	VN			STATE		ZIP CC	DDE
1212 Webb														2814	
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER FILING ELIGIBILITY														
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
		SECTIO	ON E -	EMPL	OYER	FILING	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	NGER I	IN BUS	INESS		
SE	CTION							TION (if applic	able)					
		Uni	ique En	tity ID (UEI):	Not App	licable								
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (I	Jeadana	rtere ie I	Sederal	Contrac	tor)	VFS (N	Ion_Head	lauarter	e Fetabl	ichment	ic Feder	al Contr	actor)		
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				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		fric	_	aiia Isla	dia ativ	R		or eric	_	aiia Isla	nerican Indian Alaska Native	25	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	5	2	0	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 Sales Workers	0	0	2	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	4	2	1	0	0	0	0	0	0	0	0	0	7
Operatives	0	0	7	3	0	0	0	0	2	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 2024 REPORTING YEAR TOTAL	0	0	18	7	1	0	0	0	4	0	0	0	0	0	30
PRIOR 2023 REPORTING YEAR TOTAL	0	0	18	6	1	0	0	0	3	0	0	0	0	0	28
		1	1									1			•

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

OMB Control Number: 3046-0049 2024 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 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** TN 37013 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME CI07050 Manchester TN HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 3055 Hillsboro Highway **MANCHESTER** TN 37355 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) SECTION E - EMPLOYER FILING ELIGIBILITY 🛮 YES (Employer Is Eligible to File) 🗌 NO (Employer Is Not Eligible to File) 🔲 EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor) ☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION 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 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	10	0	0	0	0	0	1	0	0	0	0	0	11
Professionals	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	3	0	4	0	0	0	0	0	0	0	0	0	0	0	7
Operatives	1	0	37	2	0	0	0	0	1	0	0	0	0	0	41
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 2024 REPORTING YEAR TOTAL	4	0	59	2	0	0	0	0	3	0	0	0	0	0	68
PRIOR 2023 REPORTING YEAR TOTAL	4	0	64	1	0	0	0	0	3	0	0	0	0	0	72

SECTION I - WORKFORCE SNAPSHOT PERIOD

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

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

2024 EMPLOYER IN			N IXE	OKI (EEO-	COM	PONE	NT 1)					ation Dat		
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ADDRESS								TY/TOW				STATE		ZIP CO	DE
5846 Crossings	Bouleva	ırd					NA	SHVIL	LE			TN		3701	3
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		•			
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	5	SECTIO	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	IGER I	IN BUS	INESS		
SE	CTION							ΓΙΟΝ (i	if applic	able)					
		Uni	ique En	tity ID (<u>UEI)</u> :	Not App	licable								
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)		
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JOB CATEGORIES	or La	atino	White	Black or African American		ale	Not	Hispan	ic or L				merican Indian or Alaska Native	vo or More Races	-
JOB CATEGORIES	or La	atino	White	Black or African American					ic or L	ican		Native Hawaiian or all Other Pacific Islander	American Indian or Alaska Native	Two or More Races	-
	or La	Pemale Online			Asian	Native Hawaiian or e Other Pacific Islander	American Indian or Alaska Native	Two or More Races desire	White Cor I	Black or African American	Asian	Native Hawaiian or Other Pacific Islander		-	Total
Executive/Senior Level Officials and Managers	or La	Pemale 0	0	0	o Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White 0	Black or African American	o Asian	Other Pacific Islander	0	0	Total
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	or La	Lemale 0	0 3	0	o o Asian	Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	o o Asian	Other Pacific Islander	0	0	Total 0 7
Executive/Senior Level Officials and Managers	or La	Pemale 0	0	0	o Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White 0	Black or African American	o Asian	Other Pacific Islander	0	0	Total
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers	or La	Lemale 0	0 3 0	0 0 0	O	Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	O	Other Pacific Islander	0 0 0	0 0	0 7 2
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers	0 1 2 0 5 0	Lemale 0 0 0 0 0 0 0 0 0	0 3 0 0 9	0 0 0 0	Asian	Native Hawaiian or o	O O O O O O O O O O O O O O O O O O O	Two or More Races	0 0 1 0 0	Black or African American	Asian	Other Pacific Islander	0 0 0 0 0	0 0 0 0 0 0	0 7 2 0 15
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers	0 1 2 0 5 5 0 0 0		0 3 0 0 9	0 0 0 0 0	o o o o	Native Hawaiian or o	American Indian or Alaska Native	Two or Wore Races	0 1 0 1 0	Black or African American	Asian Asian	Other Pacific Islander	0 0 0 0 0	0 0 0 0 0	0 7 2 0 15 1
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives	0 1 2 0 5 5 0 0 0 15	Onite 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 3 0 0 9 0	0 0 0 0 0 0	0 0 0 0	Native Hawaiian or e	O O O O O O O O O O O O O O O O O O O	Two or More Races 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 0 1 0 0	Black or African American	Asian	Other Pacific Islander	0 0 0 0 0 0 0	0 0 0 0 0	Total 0 7 2 0 15 1 0 34
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers	0 1 2 0 5 5 0 0 0		0 3 0 0 9	0 0 0 0 0	o o o o	Native Hawaiian or o	American Indian or Alaska Native	Two or Wore Races	0 1 1 0 1 1 0 1	Black or African American	Asian Asian	Other Pacific Islander	0 0 0 0 0	0 0 0 0 0	0 7 2 0 15 1
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	0 1 2 0 5 0 0 15 3 0	0 0 0 0 0 0 0 0 0 0 0 0 1 1	0 3 0 0 9 0 0 12 5	0 0 0 0 0 0 0 0 0 5 3	0 0 0 0 0	Native Hawaiian or	American Indian or Alaska Native	Two or More Races 1 1 0 0 0 1 1 1 0 0 0 0 0 0 0 0 0 0 0	0 1 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Black or	Asian	O O O O O O O O O O O O O O O O O O O	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	Total 0 7 2 0 15 1 0 34 14 1
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 1 2 0 5 0 0 15 3	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 3 0 0 9 0 0 12 5	0 0 0 0 0 0 0 0 5 3	0 0 0 0	Native Hawaiian or	O O O O O O O O O O O O O O O O O O O	Two or Wore Baces	0 1 0 1 0 1 1	Black or	Asian	Onther Pacific Islander	0 0 0 0 0 0 0 0	0 0 0 0 0 0	Total 0 7 2 0 15 1 0 34 14

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)							
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AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
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5846 Crossings	Bouleva	ard					N/	ASHVIL	LE .			TN		370°	13
	EADQU	JARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD(-					NAME				
						Spring	gfield M	0 - PR	OForm	nance					
HEADQUARTERS OR ESTABLISHM	ENT-LE	VEL ADI	DRESS									STATE		ZIP CC	DDE
2720 North Airport C	Commer	ce Ave					SPF	RINGFI	ELD			MO		6580	03
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SE	CTION							TION (if applic	cable)					
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Executive/Senior Level Officials and Managers			1												1
Professionals			_												2
Technicians	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															5
Craft Workers											_	_			0
Operatives															143
Service Workers				+								+			20
CURRENT 2024 REPORTING YEAR TOTAL	3	2	124	13	1	0	1	10	26	0	1	0	1	1	183
PRIOR 2023 REPORTING YEAR TOTAL	4	2	119	10	2	0	2	7	30	2	1	0	0	1	180
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SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	I COM	PONE	NT 1)					ation Dat		
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ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings	Roulova	ard						SHVIL				TN		370	
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SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				-LEVEL	NAME				
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☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)		
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JOB CATEGORIES				Black or African American		iar sla	liar	Ra		Black or African American		iar	American Indian Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0 2
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	. 1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	. 1	0	2	0	0	0	0	0	0	0	0	0	0	0	3
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SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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

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ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
5846 Crossings E	Bouleva	ard						SHVIL				TN		370	
														370	
SECTION C – HE	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
DP29462							Br	yant AF	₹						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
3700 Bryant Cro	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER FILING ELIGIBILITY														22
	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)														
	Section D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E - EMPLOYER FILING ELIGIBILITY ole to File) \(\bigcap \text{NO} \text{ (Employer Is Not Eligible to File)} \) \(\bigcap \text{ EMPLOYER NO LONGER IN BUSINESS} \)														
X YES (Employer Is Fligible	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)														
	SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E - EMPLOYER FILING ELIGIBILITY e to File) \(\begin{array}{c c} NO (Employer Is Not Eligible to File) \(\begin{array}{c c} EMPLOYER NO LONGER IN BUSINESS \end{array}														
SEC	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														
—	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER FILING ELIGIBILITY tle to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
YES (Single-Establishm	ent Emp	oloyer is	Federa	I Contra	ctor) 🔛	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	I Contra	ctor)		
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JOB CATEGORIES		-m		ri E		iia Sla	dia	Re		r eric		iia	dia tiv	Re	Row
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				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	
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0 8	0	0	0	0	0	1	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	1	0	21	4	0	0	0	1	3	0	0	0	0	0	30
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers Operatives	0	0	0 8	0	0	0	0	0	0	0	0	0	0	0	0
Operatives Laborers and Helpers	0	0	7	7	0	0	0	1	1	0	0	0	0	0	11 16
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	44	13	0	0	0	2	7	0	0	0	0	0	67
DDIOD 2022 DEDODTING VEAD TOTAL	0	0	52	10	0	0	0	2	7	0	0	0	0	0	71

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 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		Nashville TN - CORPORATE OFFICE									
ADDRES	ADDRESS CITY/TOWN 5846 Crossings Boulevard NASHVILLE										
5846 Crossin	ADDRESS CITY/TOWN 5846 Crossings Boulevard NASHVILLE SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (i										
SECTION C -	5846 Crossings Boulevard SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if a HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T										
HQ/ESTABLISHMENT-LEVEL UNIT ID	5846 Crossings Boulevard SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL										
DP29473		Tampa FL - Keystone Largo									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
9862 Curri	e Davis Dr	TAMPA	FL	33619							
		ENTIFICATION NUMBER (EIN)									
		2920557									
<u></u>		ER FILING ELIGIBILITY									
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	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) YES (Multi-Establishment Employer is Fed	eral Contractor)							

☐ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G - NAICS INFORMATION

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

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			
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	6	0	0	0	0	0	3	0	0	0	0	0	10
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	2	8	0	0	0	2	1	0	0	0	0	0	21
Laborers and Helpers	8	0	0	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 2024 REPORTING YEAR TOTAL	17	2	10	9	0	0	0	2	5	0	0	0	0	0	45
PRIOR 2023 REPORTING YEAR TOTAL	16	2	10	9	0	0	0	1	3	0	0	0	0	0	41

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

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2024 EMPLOYER IN	FORM	ATIO	N REI	PORT ((EEO-	1 COM	IPONE	NT 1)					ontrol Nu ration Da		
			SECT	TION A	- TYP	E OF R	EPORT	1			l l				
			ESTA	BLISH	MENT-I	LEVEL	REPOR	RТ							
		SECT	TON E	B – EMP	PLOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID								LOYER N	IAME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE	=				
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard						ASHVIL				TN		370	
SECTION C - H			DC OD	ECT A D	T TOTTA	AENTE I				TION (:	£1:			0.0	
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849 Whitaker Roa												IIN		4010	
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER FILING ELIGIBILITY														
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER FILING ELIGIBILITY														
W NDG (D. 1. A DE 11.1	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER FILING ELIGIBILITY														
	952920557														
SE	CTION	F – FE	DERA	L CONT	TRACT	OR DE	SIGNA	TION (if applic	able)					
			_	ntity ID (
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	ıl Contra	ctor)	YES (Multi-Es	stablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
☐ YES (I	Headqua	rters is	Federal	Contrac	tor)	YES (N	Non-Hea	dquarte	s Establ	ishment	is Feder	al Contr	ractor)		
		П	ES (O	ne or Mo	ore Non	-Headaı	uarters I	Establish	nments i	s Federa	al Contra	actor)			
				ON G - 1		_									
	4231	140 - N	otor V	ehicle F	Parts (L	Jsed) M	erchan	t Whole	salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAP	HIC DA	TA						
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	or La	atino		1	M	lale	1	1		1	Fer	nale	1		
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JOB CATEGORIES		_		Black or African American		iiar	nerican Indian Alaska Native	Ra		Black or African American		iiar	nerican Indian Alaska Native	Ra	Row
	<u>9</u>	Female	White	ck or Afric American	an	waj ic l	Na Na	ē	<u>t</u> e	Black or	Asian	wai	Pa Na	ē	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	1	4	1	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 Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Craft Workers	0	0	4	1	0	0	0	0	0	0	0	0	0	0	5

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

Operatives

Laborers and Helpers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

Service Workers

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													Expiration Date: 11/30/2026			
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		SECT	ION E	- EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID								OYER N								
AC16425	Nashville TN - CORPORATE OFFICE															
ADDRESS	ADDRESS						CITY/TOWN						ATE ZIP CODE			
5846 Crossings Boulevard						NASHVILLE						TN		37013		
			DC OD	ECTA D	T ICIIN											
HO/ESTABLISHMENT-LEVEL UNIT ID	- HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
DP29537						(0.111121		tland C								
	ENT LEX	EL ADE	DEGG								-	COT A TEN		7ID CC	DE	
HEADQUARTERS OR ESTABLISHM						CITY/TOWN						STATE ZIP CODE				
16393 NE Cameron Blvd						PORTLAND						OR		97230		
	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																
		Uni	ique En	tity ID (<u>UEI)</u> :	Not App	licable									
☐ YES (Single-Establishr	nent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)			
YES (Haadana	rtore is I	Fadaral	Contrac	tor)	VFC (N	on Head	lauartar	e Ectabl	ichment	ic Fadar	al Contr	actor)			
L IES	rreauqua				. —			-					actor)			
YES (One or More Non-Headquarters Establishments is Federal Contractor)																
SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers																
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H – WORKFORCE DEMOGRAPHIC DATA																
	SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity															
	Hisn	Hispanic Not Hispanic or Latino														
		atino		Male						Female						
												_				
				_		o der	ō	S		_		o der	ō	Se		
				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	45	<u>o</u>	as a	fric	u	ajis Isl	ndia ati	e R	ø.	or	_	aiis Isl	ndia ati	e R	Total	
	Male	Female	White	ck or Afric American	Asian	a iii	nerican Indian Alaska Native	2	White	Black or an Amer	Asian	aw	nerican Indian Alaska Native	lor		
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				В		P S	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	3	0	0	0	0	0	2	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	1	0	6	0	0	0	0	0	0	0	0	0	0	0	7	
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 Laborers and Helpers	3	0	10 13	3 1	2	0	0	0	0	0	0	0	0	0	20 20	
Service Workers	1	0	2	0	0	0	0	0	3	1	0	0	0	0	7	
CURRENT 2024 REPORTING YEAR TOTAL	9	0	34	4	2	0	1	2	9	1	1	0	0	0	63	
PRIOR 2023 REPORTING YEAR TOTAL	5	0	38	3	2	0	1	3	8	0	1	0	0	0	61	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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	on Dute. 11/30/2020								
	SECTION A - T	TYPE OF REPORT										
	ESTABLISHME	NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425		Nashville TN - CORPORATE OFFICE										
ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard NASHVILLE TN 37013												
<u> </u>												
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE									
DP29548		Columbus OH										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
5830 A Green Poi	nte Drive S, Ste A	GROVEPORT	ОН	43125								
		ENTIFICATION NUMBER (EIN) 920557										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	tible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	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)								

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	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	6	0	0	0	0	0	1	0	0	0	0	0	7
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	7	1	0	0	0	1	5	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	18	4	0	0	0	0	0	0	0	0	0	0	22
Laborers and Helpers	0	0	22	7	0	0	0	1	0	0	0	0	0	0	30
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	54	12	0	0	0	2	9	0	1	0	0	0	78
PRIOR 2023 REPORTING YEAR TOTAL	0	1	59	14	1	1	0	3	14	2	1	0	0	0	96

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
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		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings E	Bouleva	ard					N.A	ASHVIL	LE			TN		370	13
SECTION C - HE	ADOU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (i	fapplica	able)	I		
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
DP29550							Au	rora Co	C						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DDE
3225 N Himala							Д	UROR	Α			CO		800	
		ON D -	EMPI	LOYER	IDEN'	ΓΙΓΙCA)					
					952920										
_	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 CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
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															
_ `	ment Employer is Federal Contractor)														
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	SE	CTION	N H – V	VORKF	ORCE										1
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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	2	1	0	0	0	0	1	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	9	3	13	1	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 Laborers and Helpers	9	2	10	6	1	0	0	2	1	1	0	0	1	0	29 22
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	26	8	28	14	2	1	0	4	4	1	0	0	1	0	89
PRIOR 2023 REPORTING YEAR TOTAL	26	9	24	11	2	0	0	5	2	2	0	0	1	1	83

SECTION I – WORKFORCE SNAPSHOT PERIOD

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

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

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2024 EMPLOYER INI	HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Fridley MN MENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE FRIDLEY MN 55421 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														
			SECT	TION A	- TYPI	E OF RI	EPORT	ı							
			ESTA	BLISH	MENT-l	LEVEL	REPOR	RT							
		SECT	ION E	В – ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID									AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings E	Bouleva	ard					N/	ASHVIL	LE			TN		3701	13
	CADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	(UARTE				Γ-LEVEL	NAME				
DP29636							Fri	dley M	N						
HEADQUARTERS OR ESTABLISHME		EL ADE	RESS				Cl	ITY/TOV	VN			STATE		ZIP CC	DE
60 51st Way	/ NE						F	RIDLE	Υ			MN		5542	21
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN)	l		<u> </u>		
		T OUT) N F				TITO	DIL I	17						
V VEC (F I- Eli-il-1										NO LO	MCED I	INI DI IC	INTEGO		
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if 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														
YES (Single-Establishme	Unique Entity ID (UEI): Not Applicable ment 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 Conti	ractor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	Establish	ments i	s Federa	ıl Contra	actor)			
	SE	CTION	I H – V	VORKE	ORCE										1
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JOB CATEGORIES		ø		fric	_	aiia Isk	dia	ž		or eri	_	lsis	dia atj	8	-
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						~ 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	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 Administrative Support Workers	0	0	14 0	0	0	0	0	0	1	0	0	0	0	1	16 3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	14	5	0	0	1	0	0	1	0	0	0	0	23
Laborers and Helpers	2	0	17	5	0	0	0	0	1	0	0	0	0	0	25
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	4	0	48	10	0	0	1	1	4	1	0	0	1	1	71

SECTION I – WORKFORCE SNAPSHOT PERIOD

0

12082024 - 12212024

0

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLO 2024 EMPLOYER IN											ontrol Nu	08/2023 imber: 30- te: 11/30/			
		SECTION A		-	-										
		ESTABLISH	MENT-L	EVEL	REPOF	RT									
	SECT	TON B – EM	PLOYE	R IDEN											
OFS COMPANY ID				1 211 -		OYER N		255105	_						
AC16425			IN	asnville			RATE (JFFICE							
ADDRESS					C	ITY/TOW	VN			STATE		ZIP CO	DE		
5846 Crossings	Boulevard				N/	ASHVIL	LE			TN		3701	13		
SECTION C - I	IEADQUARTE	RS OR ESTA								ıble)					
HQ/ESTABLISHMENT-LEVEL UNIT ID		HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Nashville TN - Corporate Office													
DP29647		Nashville TN - Corporate Office													
HEADQUARTERS OR ESTABLISHM	IENT-LEVEL ADD	T-LEVEL ADDRESS CITY/TOWN STATE ZIP CO													
5846 Crossii	ngs Blvd														
	SECTION D -		R IDENT 952920		TION N	IUMBE	R (EIN))	•		•				
	SECTION	ON E – EMPI	OYER	FILING	ELIG	BILITY	Y								
X YES (Employer Is Eligib	le to File) 🔲 NO	(Employer Is	Not Eligi	ble to F	ile)	EMPL	OYER N	NO LO	NGER I	N BUS	INESS				
SI	ECTION F – FEI Un	DERAL CON ique Entity ID					if applica	able)							
☐ YES (Single-Establish:	ment Employer is	Federal Contra	ctor)	YES (Multi-Es	tablishm	nent Emp	ployer is	Federal	Contra	ctor)				
☐ YES	Headquarters is 1	Federal Contra	ctor)	YES (N	Non-Hea	dquarter	s Establi	ishment	is Feder	al Contr	actor)				
	Y	ES (One or M	ore Non	-Headqı	uarters E	Establish	ments is	s Federa	ıl Contra	ictor)					
	551114 - Cor	ECTION G - porate, Subsi					g Office	s							
		H – WORK													
					Race/E		•								
	Hispanic				Not	Hispan	ic or L	atino							
	or Latino		М	ale		1		l	Fen	nale	l	1			
		<u> </u>		or nder	p a	ses		an		or nder	p o	ses			

							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	2	0	68	2	0	0	0	3	13	0	0	0	0	0	88
First/Mid-Level Officials and Managers	10	3	160	6	5	1	2	5	57	8	1	0	0	0	258
Professionals	12	9	183	20	11	1	1	15	91	18	16	0	0	9	386
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	30	3	104	4	2	0	1	2	12	2	0	0	1	0	161
Administrative Support Workers	2	6	30	3	0	0	0	1	42	7	1	0	0	4	96
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	48	1	167	9	5	0	3	4	2	2	0	0	0	1	242
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	2	1	6	0	0	0	0	0	8	2	0	0	1	1	21
CURRENT 2024 REPORTING YEAR TOTAL	106	23	719	44	23	2	7	30	225	39	18	0	2	15	1253
PRIOR 2023 REPORTING YEAR TOTAL	136	31	879	53	31	3	8	32	273	42	18	0	1	18	1525

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/8/2024 - 12/21/2024

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

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

2024 EMI EO I EK II V	Expiration Date: 11/30// SECTION A – TYPE OF REPORT														2026
				TON A · BLISHN				T.			•				
		SECT	ION B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ırd					NA	SHVIL	LE			TN		3701	3
SECTION C – HI			DC OD	ECTAD	I ICHA	TENT I				FION (if	Connline	hla)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKILI	NO OK							Γ-LEVEL		ibie)			
DY29681					`		ouston								
HEADQUARTERS OR ESTABLISHME	NT LEX	TEL ADD	DECC					TY/TOW				STATE	1	ZIP CO	DE
19423 Aldine We			KESS					OUSTO				TX		7707	
												17		7707	3
	SECTI	ON D -	EMPI	LOYER S	IDENT 52920		TION N	UMBE	R (EIN)					
	5	SECTIO	ON E -	EMPLO	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	ot Eligi	ible to F	ile) 🔲	EMPL(OYER 1	NO LON	IGER I	IN BUS	INESS		
SEC	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)														
☐ YES (Single-Establishm	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
TYES (H	hment Employer is Federal Contractor)														
(-	nment Employer is Federal Contractor)														
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	SE	CHON	(II – V	VOKKI	OKCE		Race/E								
	Hisp	anic						Hispan	•	atino					
	or La				М	ale		mopun		<u> </u>	Fen	nale			
						- e		"						"	
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 Islande	American Indian or Alaska Native	Two or More Races	Row Total
							·								
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0 6	3	0	0	0	0	0	0	2	2	0	0	0	0	0 14
Professionals	0	0	0	0	0	0	0	0	0	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	0	4	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 Operatives	12 25	0	2	1	0	0	0	0	0	0	0	0	0	0	17 28
Laborers and Helpers	4	0	3	5	0	0	0	0	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 2024 REPORTING YEAR TOTAL	54	3	12	8	0	0	0	1	2	2	0	0	0	0	82

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

PRIOR 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

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

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

DY29800

Sun Valley CA - PYP

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 9128 Tujunga Street CITY/TOWN STATE
SUN VALLEY CA

ZIP CODE 91352

CA 913

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

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) ☐ 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	1 1 1	, 011111	ORCE	DEMIO		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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	2	0	0	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	7	2	1	0	0	0	0	0	0	0	0	0	0	1	11
Administrative Support Workers	1	5	0	0	0	0	0	1	0	0	0	0	0	0	7
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	25	0	2	2	0	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 2024 REPORTING YEAR TOTAL	40	10	3	2	0	0	0	1	0	0	0	0	0	1	57
PRIOR 2023 REPORTING YEAR TOTAL	35	11	6	1	0	0	0	2	0	0	0	0	0	1	56

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMI LOTEKT	M OKW	AHO	N KEI	OKI (EEO-	COM	ONE	. 1 1)				Expir	ation Dat	e: 11/30/	2026
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		SECT	TON B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID															
AC16425					N	ashville	IN - C	ORPO	RAIE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - 1	HEADOU	JARTEI	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA	FION (if	applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID															
DY29811						Ana	heim C	A - PYI	- Adn	nin					
HEADQUARTERS OR ESTABLISH	MENT-LEX	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
1360 South Anah			TLLDD												
1000 00417111411		TION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 953406551 SECTION E – EMPLOYER FILING ELIGIBILITY													
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN)					
		SECTION E – EMPLOYER FILING ELIGIBILITY													
X YES (Employer Is Eligib	le to File)	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													
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☐ 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 (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
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JOB CATEGORIES	_	<u>o</u>	a.	fric	_	aiia Isl	ativ	ď	a)	or ieri	_	ajia Isl	ativ	e.	Total
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						- 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		3	1	0	1	0	0	0	0		1	0	0	1	9
Professionals Technicians		0				0	0	_	_	_					5
Sales Workers							_								1
Administrative Support Workers	0	9	0	0	0	0	0	0	7	1	2	0	0	5	24
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives		ADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Anaheim CA - PYP - Admin NT-LEVEL ADDRESS IN BOULE ADDRESS IN BOULE AND ANAHEIM 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 TION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ent 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 SECTION G - NAICS INFORMATION SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Hispanic Or Latino Male Race/Ethnicity Hispanic Or Latino Male Race/Ethnicity Hispanic Or Latino Male Page A Manei, Carlo Aname Race/Ethnicity Hispanic Or Latino Or Latino Or Latino Or Or Or Or Or Or Or Or Or Or Or Or Or O													
Laborers and Helpers Service Workers															0
CURRENT 2024 REPORTING YEAR TOTA	L 3	12	4	0	1	0	0	0	9	2	3	0	0	6	40
PRIOR 2023 REPORTING YEAR TOTA	L 4	26	4	0	1	0	0	3	9	2	3	0	0	16	68
		SECTIO	DN I –	WORKI	FORCI	E SNAP	SHOT I	PERIO)	<u>. </u>		1	<u>. </u>		ı

12082024 - 12212024

No Comment

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

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

2024 EMI LOTEKTI	I OKWI	AHO	N KEI	OKI (EEO-	COM	ONE	111)				Expir	ation Dat	e: 11/30/	2026	
								T.								
		SECT														
OFS COMPANY ID		SECI	ION D	- ENIF	LOIL	KIDEN			AME							
AC16425					N	ashville				OFFICE						
						donvino				011102						
ADDRESS							CI	TY/TOW	VN					ZIP CO	DE	
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13	
	CITY/TOWN STATE ZIP CO NASHVILLE TN 370 HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Kearny NJ MENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CO NR Rd. KEARNY NJ 0700 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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 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)															
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Kearny NJ MENT-LEVEL ADDRESS CITY/TOWN STATE KEARNY NJ O70 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 ament Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)															
EA15770							Ke	arny N	J							
HEADQUARTERS OR ESTABLISHM	ENT-LEV	Kearny NJ NT-LEVEL ADDRESS CITY/TOWN KEARNY NJ O70: 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														
40 Wester	n Rd.	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Kearny NJ TT-LEVEL ADDRESS CITY/TOWN KEARNY NJ O70 ECTION 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 TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable at Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
	SECTI	Rd. KEARNY NJ 07032 ECTION 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 FION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable at Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
	,	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														
X YES (Employer Is Eligible	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)															
	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 nent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)															
SE	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 nent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)															
VFS (Single Establish	ant Emr	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 Int 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) (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (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) (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment 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) (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor)															
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	423	140 - M	otor V	ehicle P	arts (U	lsed) Mo	erchant	Whole	salers							
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers															7	
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	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT														
Administrative Support Workers		SECTION B - EMPLOYER IDENTIFICATION SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME Nashville TN - CORPORATE OFFICE														
Craft Workers Operatives							_								0 13	
Laborers and Helpers	16	1	0	5	0	0	0	1	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 2024 REPORTING YEAR TOTAL	28	3	10	7	0	0	0	3	0	0	0	1	0	1	53	
DRIOR 2022 REPORTING VEAR TOTAL	20	3	1/1	0	1	0	0	3	0	1	0	0	0	1	61	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
			SECT	TON A	– TYPI	E OF RI	EPORT								
			ESTA	BLISHN	ΛΕΝΤ-Ι	LEVEL	REPOR	RΤ							
		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
5846 Crossings E	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C - HI	EADQU	ARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI				Γ-LEVEL	NAME				
EB29895							Sava	annah (GA						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
60 Telfair P	lace						SA	VANN	AH			GA		3141	5
	SECTI	ON D -	EMPI		IDENT 952920	ΓΙΓΙCA'	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	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	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
	<u>Unique Entity ID (UEI)</u> : Not Applicable														
☐ YES (Single-Establishm	shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
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						INFOR			inicitts i	s i cucia	i Contra	actor)			
		140 - M	otor V	ehicle P	arts (U	Jsed) M	erchant	Whole							
	SE	CTION	I H – V	VORKF	ORCE	DEMO									
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	Of La	atino			IVI	laie				1	rei	naie			
				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	Races	
JOB CATEGORIES				Black or African American		iiai	nerican Indian Alaska Native	Ra		Black or African American		iiai Isla	American Indian Alaska Native	Ra	Row Total
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						-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	2	0	0	0	0	0	5
Professionals	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	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	3	0	5	0	0	0	0	0	0	0	0	0	0	0	8
Operatives	0	0	7	8	0	0	0	1	1	2	0	0	0	0	19
Laborers and Helpers	0	0	1	2	0	0	0	0	2	0	0	0	0	0	5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	3	0	19	10	0	0	0	1	8	2	0	0	0	0	43
PRIOR 2023 REPORTING YEAR TOTAL	5	0	20	13	0	1	0	0	6	0	0	0	0	0	45

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMILOTERI	M OKW	AHO	N KE	OKI (EEO-	COM	I ONE.	111)				Expir	ation Dat	e: 11/30/	2026
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		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE	•				
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
5846 Crossing	s Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C -	HEADQU	ARTE	RS OR							ΓΙΟΝ (it Γ-LEVEL		able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID EB29905					неарс		vs ok es Vergne				NAME				
HEADQUARTERS OR ESTABLISH	MENIT LEX	/EL ADE	DECC			La		TY/TOW		U		STATE		ZIP CO	NDE.
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301 Mason N			EMPI	LOYER	IDEN	TIFICA')				3700	,,,
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	ole to File)	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)													
S	ECTION	CTION 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)													
YES (Single-Establish	ment Emr	Unique Entity ID (UEI): Not Applicable Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)													
	_	Unique Entity ID (UEI): Not Applicable nt Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor) radquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)													
	(11cauqua														
						INFOR			ments 1	s Federa	ii Contra	ictor)			
	423					Jsed) M			salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
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		anic atino			M	lale	Not	Hispan	ic or L	atino	Fer	nale			
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				<u> </u>		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		o o		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
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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	1	0	6	1	0	0	0	0	3	0	0	0	0	0	11
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	1	18	7	0	0	0	1	3	0	0	0	0	1	32
Laborers and Helpers	1	0	7	3	0	0	0	0	1	1	0	0	0	0	13
Service Workers	0	0	5	0	0	0	0	0	3	0	0	0	0	0	8
CURRENT 2024 REPORTING YEAR TOTA	L 3	1	42	11	0	0	0	1	12	1	0	0	0	1	72
PRIOR 2023 REPORTING YEAR TOTA	L 3	1	43	14	0	0	0	1	10	1	0	0	0	1	74
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SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
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		SECT	TON E	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	IN - C	ORPO	RAIE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DDE
5846 Crossings I	3ouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN.	Γ-LEVEL	NAME				
EB29914							Colu	ımbia S	SC						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CO	DDE
112 N Montagu	ue Drive	9					C	DLUMB	SIA			SC		2920	03
			EMPI			TIFICA'	TION N	UMBE	R (EIN)					
		SECTIO	ON E -		952920 OYER	FILING	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		
SEC	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
	· · · · · · · · · · · · · · · · · · ·														
☐ YES (Single-Establishm	nent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
□ VES (I	Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
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	Ieadquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ■ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G − NAICS INFORMATION														
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JOB CATEGORIES	ø.	<u>e</u>	Q)	ck or Afric American	u	aii S IS	ndi Iati	ė.	g)	or	L	aii S Is	nerican Indian Alaska Native	ė, E	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4 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	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0 13
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 2024 REPORTING YEAR TOTAL	0	0	13	8	0	0	0	0	1	0	0	0	0	0	22
PRIOR 2023 REPORTING YEAR TOTAL	0	0	14	9	0	0	0	0	1	0	0	0	0	0	24

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
			SECT	TION A	- TYP	E OF RI	EPORT								
			ESTA	BLISH	∕IENT-I	LEVEL	REPOR	RT							
		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N.A	ASHVIL	LE.			TN		370	13
SECTION C - H	EADQU	JARTE	RS OR	ESTAB	LISHN	AENT-I	EVEL	IDENT	'IFICA'	TION (it	f applica	able)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
EB29923							Cold	hester	VT						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				Cl	TY/TOW	VN			STATE		ZIP CC	DDE
156 Acorn Lane,	Suite 1	04					COL	CHES	TER			VT		0544	46
	SECTI	ON D -	EMP	LOYER			TION N	UMBE	R (EIN)	<u> </u>				
		SECTIO	ON F -	- EMPL	952920 OVER		r FI ICI	RH IT	v						
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	CTION										IOEK	пов	LLEDD		
SE	CHON			tity ID (IION (1	іт аррііс	abie)					
VEC (Single Establishe	ont Emr		-	-				toblichn	ont Em	nlover is	Endoro	1 Contro	ator)		
	nment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment 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														
	423°	140 - M	otor V	ehicle F VORKF	arts (L	DEMO	erchant	Whole	salers						
	J SE	CHO	111 - 1	VOKKI	OKCE		Race/E								1
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				_		Native Hawaiian or Other Pacific Islander	ō	es		<u>_</u>		Native Hawaiian or Other Pacific Islander	ō	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 Alaska Native	Зас	Row
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	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	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 2024 REPORTING YEAR TOTAL	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
PRIOR 2023 REPORTING YEAR TOTAL	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO	N RE	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nul ration Dat		
				TION A											
		SECT	TION I	3 – EMP	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings I	Rouleva	ard						ASHVIL				TN		370	
			DC OD	TOTA D	T TOTTS	ATTAIN A				TION (C 1:			0,0	10
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIE	KS OK							TTON (1 T-LEVEL		able)			
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EB29932								esboro							
HEADQUARTERS OR ESTABLISHME		EL ADI	DRESS					ITY/TOV				STATE		ZIP CC	
2415 Industria	I Drive						JOI	NESBC	RO			AR		724	01
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SEC	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)														
	hment Employer is Federal Contractor) 🔲 YES (Multi-Establishment Employer is Federal Contractor)														
YES (Single-Establishm	shment Employer is Federal Contractor)														
☐ YES (F	6 (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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	10 0	0	0	0	0	0	0	0	0	0	0	0	11 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	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 2024 REPORTING YEAR TOTAL	0	0	20	0	0	0	0	1	1	0	0	0	0	0	22
PRIOR 2023 REPORTING YEAR TOTAL	0	0	20	0	0	0	0	1	1	0	0	0	0	0	22

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

2021 2012 20 1211	SECTION A – TYPE OF REPORT													e: 11/30/	2026
				BLISHN											
		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					N	ashville	IN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
5846 Crossing	s Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C -	HEADQU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										T-LEVEL					
EB29941							Sprir	ngdale .	AR						
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
252 Industrial	Circle We	est					SPF	RINGD	ALE			AR		7276	32
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)					
		CECTI	AN E	EMPL	952920		FLICI	DII ITI	17						
X YES (Employer Is Eligi										NO LON	NGER I	IN BUSI	INESS		
S	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
		Uni	ique En	tity ID (UEI):	Not App	licable	`	11						
☐ 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 (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															
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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	as a	<u>e</u>	gy.	ck or Afric American	u	aii S Is	nerican Indian Alaska Native	ė.	ø,	or ner	L	/aii	nerican Indian Alaska Native	ė.	Total
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Executive/Senior Level Officials and Managers	•	•		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	7	0	0	0	0	0	1	0	0	0	0	0	12
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	0	0	0	0	0	0	0	0	2
Laborers and Helpers	1	0	6	0	0	1	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 2024 REPORTING YEAR TOTAL	L 3	0	17	0	0	1	0	0	3	0	1	0	0	0	25
PRIOR 2023 REPORTING YEAR TOTA		0	20	1	0	0	0	0	3	0	1	0	0	0	29
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SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
				TION A											
		SECT	TION I	B – EMP	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings B	3ouleva	ard					N.A	ASHVIL	LE			TN		370 ⁻	13
SECTION C – HE			RS OR	FSTAR	I ISHN	AFNT-I	FVFI	IDENT	TEICA'	TION (i	f annlic	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	#IDQC)11K1L)	NO OI							Γ-LEVEL		шоге			
EB29950							Pin	eville L	Α						
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X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER	IN BUS	INESS		
SEC	CTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	TION (if applic	able)					
	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	nment Employer is Federal Contractor)														
□ VES (F	(Headquarters is Federal Contractor)														
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	YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION														
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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	0	0	0	0	1	0	11
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	4	0	0	0	0	0	2	0	0	0	0	0	6
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	16	0	0	0	1	0	3	0	0	0	1	0	21
PRIOR 2023 REPORTING YEAR TOTAL	0	0	17	1	0	0	1	0	3	0	0	0	1	0	23

SECTION I – WORKFORCE SNAPSHOT PERIOD

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

EEOC Standard Form 100 (SF 100)

SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID AC16425 ADDRESS SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQJESTABLISHMENT-LEVEL UNIT ID EB29983 SUMB Bend IN - Self Service HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB29983 SOUTH BEND HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME SOUTH BEND IN 46613 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 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 Not Hispanic Not Hispanic or Latino Or Latino Male Female	U.S. EQUAL EMPLO 2024 EMPLOYER II											OMB C		08/2023 mber: 304 te: 11/30/	
SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME AC16425 ADDRESS ADDRESS SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQÆSTABLISHMENT-LEVEL UNIT ID EBP29983 SOUTH BEND HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB29983 SOUTH BEND IN 46613 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 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 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 ADDRESS S466 Crossings Boulevard ADDRESS S5846 Crossings Boulevard ASHVILLE TN 37013 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQESTABLISHMENT-LEVEL UNIT ID EB29983 HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITYTOWN STATE ED2983 SOUTH BEND HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITYTOWN STATE TIP CODE 1602 S Lafayette Blvd SOUTH BEND IN 46613 SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 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 Not Hispanic or Latino Female															
AC16425 ADDRESS CITY/TOWN STATE SAGE Crossings Boulevard SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME BE29983 BOULD HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME BE29983 SOUTH BEND HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME BE39983 SOUTH BEND HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME BE39983 SOUTH BEND HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1602 S Lafayette Blvd SOUTH BEND IN 46613 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 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	079 001 011 111	S	ECTION	B – EM	PLOYE	R IDEN			(1.3.CE)						
ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard NASHVILLE TN 37013 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB29983 South Bend IN - Self Service HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1602 S Lafayette Blvd SOUTH BEND IN 46613 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 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						1 211 -				255105	_				
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HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB29983 South Bend IN - Self Service HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITYTOWN STATE ZIP CODE 1602 S Lafayette Blvd SOUTH BEND IN 46613 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 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 (UED: Not Applicable) Unique Entity ID (UED: 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	5846 Crossings	Boulevard					N/	ASHVIL	LE			TN		3701	3
READQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE		IEADQUAR	RTERS C	R ESTA								ble)			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1602 S Lafayette Blvd SOUTH BEND SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 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) 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	`				HEADQ						NAME				
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) 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	EB29983					Sou	th Bend	IIN - Se	elf Serv	rice					
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 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	HEADQUARTERS OR ESTABLISHM	IENT-LEVEL	ADDRES	S		STATE		ZIP CO	DE						
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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Hispanic Or Latino Male Female	1602 S Lafay	ette Blvd	e Blvd SOUTH BEND											4661	3
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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		SEC	CTION I	E – EMPI	OYER	FILING	ELIG	IBILITY	Y						
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 or Latino Male Female	X YES (Employer Is Eligib	le to File)	NO (Em	ployer Is	Not Elig	ible to F	ïle) 🔲	EMPLO	OYER I	NO LO	NGER I	N BUS	INESS		
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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 Female	☐ YES (Single-Establish	ment Employ	er is Fede	eral Contra	ictor)	YES (Multi-Es	tablishm	nent Em	ployer is	Federal	Contra	ctor)		
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 Female	□ yes	Headquarter	rs is Fede	ral Contra	ctor)	YES (N	Jon-Hea	danarter	s Establ	ishment	is Feder	al Contr	actor)		
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Hispanic Not Hispanic or Latino or Latino Male Female	3	_						-							
SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Hispanic or Latino Male Female															
Race/Ethnicity Hispanic Not Hispanic or Latino or Latino Male Female															
Hispanic Not Hispanic or Latino or Latino Male Female		SECI	HON H	- WUKK	OKCE										
or Latino Male Female		Hisnan	ic						,	atino					
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	Race/Ethnicity														
	Hispanic Not Hispanic or Latino														
	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	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	1	0	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	0	0	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 2024 REPORTING YEAR TOTAL	1	0	7	0	0	0	0	1	3	1	0	0	0	1	14
PRIOR 2023 REPORTING YEAR TOTAL	0	1	7	2	0	0	0	0	3	1	0	0	0	1	15

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
				FION A							l				
		SECT		3 – EMP											
OFS COMPANY ID								OYER N	IAME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CO	DDE
5846 Crossings I	Bouleva	ard					N/	ASHVIL	LE.			TN		370	13
SECTION C - HI	EADQU	ARTE	RS OR									able)	l .		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD(_				Γ-LEVEL	NAME				
EB30006						Ro	ckford	IL - Sel	f Servi	ce					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADI	ORESS				C	ITY/TOV	VN			STATE		ZIP CO	DDE
601 Harrison A	Avenue						RC	OCKFO	RD			IL		611	04
	SECTI	ON D -	-EMP	LOYER			TION N	NUMBE	R (EIN	D)	· ·				
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	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER	IN BUS	INESS		
SEC	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> Not Applicable														
	<u>Unique Entity ID (UEI)</u> : Not Applicable														
☐ YES (Single-Establishm	lishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
YES (F	CS (Headquarters 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														
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				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	an or ve	Races	Row
JOB CATEGORIES	ø	a e	æ	ck or Afric American	⊑	vaii	nerican Indian Alaska Native	e R	ē	Black or	⊑	vaii c Isl	American Indian Alaska Native	Б В	Total
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				Bla		ativ	A	NO W		Afri		ativ	A M	Two or More	
						2 8	4	-				2 g	•	-	
Executive/Senior Level Officials and Managers	1	0	0	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	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians Sales Workers	0	1	0	1	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	0	0	0	0	0	0	0	1
Operatives	5	0	4	0	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 2024 REPORTING YEAR TOTAL	7	2	7	1	0	0	0	0	1	0	0	0	0	0	18
DRIOR 2022 REPORTING VEAR TOTAL	5	1	8	2	0	0	0	0	2	1	0	0	0	0	10

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	rukwi	AHO	NKEI	OKI (EEU-	I COM	PUNE	NII)					ation Dat		
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		OT OT		BLISHN											
OFS COMPANY ID		SECT	TON E	B – EMP	LOYE	K IDEN		OYER N	ΔMF						
AC16425					N	achville				OFFICE					
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ADDRESS								ITY/TOW				STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	ASHVIL	LE			TN		3701	13
SECTION C - H	EADQU	ARTEI	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	SHMEN	Γ-LEVEL	NAME				
EB30042						Parry	ville PA	-Thruw	ayAuto	Part					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				Cl	ITY/TOW	VN			STATE		ZIP CO	DE
201 State Rd	Pa-248						PA	RRYVII	LLE			PA		1824	14
		OND	EMDI	OVED	IDEN	ETETOA				D.					
	SECTI	ON D -	EMP	LOYER	1DEN 952920		HON N	NUMBE	K (EIN)					
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	Пло	(Empl	over Is N	lot Elig	ible to F	ile) \square	EMPLO	OYER	NO LOI	NGER I	IN BUSI	INESS		
				L CONT											
SE				tity ID (11011 (1	п аррпс	aute)					
VEC (Single Establishm	ont Emn		_	-				tobliche	ont Em	nlover is	Endoro	1 Contro	ator)		
- · · ·	hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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	YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION														
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				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	ye ve	Two or More Races	Row
JOB CATEGORIES	_	<u>o</u>		ck or Afric American	٠	li≘ Is	ati	2		o eri	_	aii s	ati	₩	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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 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	9	0	0	0	0	0	0	0	0	0	0	0	10
Operatives	0	0	7	0	0	0	0	0	1	0	0	0	0	0	8
Laborers and Helpers Service Workers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL													U	27	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL 2

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

2024 EMI LOTER II	SECTION A – TYPE OF REPORT													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					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C – I HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	RS OR							<mark>ΓΙΟΝ</mark> (i: Γ-LEVEL		able)			
EB30082					TIL: IDQ		l. Charle				TVI IIVIL				
HEADQUARTERS OR ESTABLISHM	MENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
4646 Rivers	Avenue						CHA	RLES	TON			SC		2940)5
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN)	•		•		
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X YES (Employer Is Eligib	ECTION										NGER	IN BUSI	INESS		
		Uni	ique En	tity ID (UEI):	Not App	licable								
☐ YES (Single-Establish	Establishment Employer is Federal Contractor)														
☐ YES	YES (Headquarters 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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers														
	SE	CTION	VH – V	VORKE	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E								
		anic atino			M	ale	Not	Hispan	ic or L	atino	For	nale			
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				an		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races		an		Native Hawaiian or Other Pacific Islander	n or	Two or More Races	D
JOB CATEGORIES		<u>e</u>	ø.	Black or African American	_	aiia	American Indian or Alaska Native	e R	ø.	Black or African American	_	aiia	American Indian or Alaska Native	e Ra	Row Total
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				Bla		ativ	me	Š		\ Afric		ativ	AE AE	٥	
						Zg	A	ŕ				Zg	•	F	
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	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	1	0	2	0	0	0	0	0	0	0	0	0	0	4
Administrative Support Workers	0	0	0	2	0	0	0	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	0	0	0	9	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 2024 REPORTING YEAR TOTAL	_ 2	1	3	14	0	0	0	1	0	0	0	0	0	0	21
PRIOR 2023 REPORTING YEAR TOTAL	- 4	0	2	12	0	0	0	2	1	0	0	0	0	0	21

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
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		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID	-							OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings I	Rouleva	ard						SHVIL				TN		370	
			20.02											370	13
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	<u>eadqu</u>	ARTE	RS OR							ΓΙΟΝ (i1 Γ-LEVEL		able)			
					пеарс	•					NAME				
EB30116						De	nver C0			а					
HEADQUARTERS OR ESTABLISHME		EL ADE	RESS					TY/TOW				STATE		ZIP CC	
1355 W 52nd	avA b							ENVE	R			CO		8022	21
	SECTION	ON D -	EMPI		IDENT		TION N	UMBE	R (EIN)	II.				
	5	SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	Пло	(Emple	over Is N	lot Elig	ible to F	ile)	EMPLO	OYER	NO LON	NGER I	IN BUS	INESS		
	CTION			-											
SEC	JIION							IION (I	п аррис	able)					
VEC (Cinala Establishm	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)														
- · · ·	ument Employer is Federal Contractor)														
☐ YES (F	Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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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 Other Pacific Islande	American Indian Alaska Native	Зас	Row
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4 0
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	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 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 2024 REPORTING YEAR TOTAL	3	1	3	0	0	0	0	0	1	0	0	0	0	0	8
	_												_		_
PRIOR 2023 REPORTING YEAR TOTAL	2	1	2	0	0	0	0	0	1	0	0	0	0	0	6

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

				`				,				Expir	ation Dat	e: 11/30/	2026
				TION A . BLISHN				т							
				B – EMP											
OFS COMPANY ID		SECI	ION	- ENIF	LOIL	KIDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		370	13
SECTION C - HI	EADQU	ARTEI	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	-LEVEL	NAME				
EB30125								rt Lea I							
HEADQUARTERS OR ESTABLISHMI			RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
21647 785th A	Avenue						ALE	BERT L	.EA			MN		5600)7
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		ΓΙΟΝ 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 Fi	ile)	EMPLO	OYER I	NO LON	NGER I	IN BUS	INESS		
SEG	CTION			L CONT				ΓΙΟΝ (i	f applic	able)					
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 (Non-Headquarters Establishment is Federal Contractor)															
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SECTION G - NAICS INFORMATION															
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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 Sales Workers	0	0	2	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	2	0	6	0	1	0	0	0	0	0	0	0	0	0	9
Operatives	2	0	6	0	0	0	1	0	1	0	0	0	0	0	10
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	4	0	19	0	1	0	2	0	1	0	0	0	0	0	27
PRIOR 2023 REPORTING YEAR TOTAL	1	0	20	0	1	0	2	0	1	0	0	0	0	0	25
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12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	ATIO	N REI	PORT (EEO-1	COM	PONE	NT 1)					ontrol Nur ation Dat		
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AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
5846 Crossings E	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HE	EADOU	ARTEI	RS OR	ESTAB	LISHN	1ENT-I	EVEL	IDENT	IFICA	ΓΙΟΝ (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
EB30134						Case	eyville II	Meti	roAutoF	Part					
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
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		SECTIO	ON E -		952920 OYER	557 FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible										NO LOI	NGER I	N BUS	INESS		
	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishme	e-Establishment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
□ ves (H	YES (Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
1E3 (II															
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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	SE	CTION	H – V	VORKE	ORCE	DEMO	GRAPE	HC DA	TA						
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						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	1	0	0	0	0	0	4
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	4	0	0	0	0	0	0	0	0	0	0	0	4
Operatives Laborers and Helpers	0	0	10 0	0	0	0	0	0	0	0	0	0	0	0	10 0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	17	0	0	0	0	0	1	0	0	0	0	0	18
PRIOR 2023 REPORTING YEAR TOTAL	0	0	18	0	0	0	0	0	1	0	0	0	0	0	19

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FUKIV	IA I IO	N KEI	POKI (EEO-	I COM	PONE	N1 1)					ration Dat		
			SECT	TION A	- TYP	E OF R	EPORT	I							
			ESTA	BLISH	MENT-	LEVEL	REPOR	RT							
		SECT	TON E	3 – EM I	PLOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE			TN		370°	13
SECTION C - H	EADOL	JARTE	RS OR	ESTAF	BLISHN	MENT-I	EVEL	IDENT	IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME	,			
EB30143						Yor	k Have	n PA - I	Penn M	1ar					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	VEL ADE	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
269 River	Road						YO	RK HA	/EN			PA		1737	
	CECTI	OND	EMDI	OVED	IDEN	PIPICA	TIONA	HIMDE	D (EIN	n.					
	SECTI	ION D -	EMILI		952920	FIFICA'	HONN	NUMBE	K (EII)	,					
		SECTION	ON E -			FILING	ELIG	BILIT	Y						
X YES (Employer Is Eligib										NO LOI	NGER I	IN BLIST	INESS		
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VEC (Single Establishe	nant Emi		_	-					ont Em	mlarian ia	Fadam	1 Contro	atau)		
 ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer 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)														
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JOB CATEGORIES		ø.		Black or African American	_	ija Isla	nerican Indian Alaska Native	8		eric o	_	ija Isla	American Indian Alaska Native	R	Row Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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 Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	1	0	6	0	0	0	0	0	0	0	0	0	0	0	7
Operatives	0	0	4	0	0	0	0	1	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	3 0
CURRENT 2024 REPORTING YEAR TOTAL		0	17	0	0	0	0	1	0	0	0	0	0	0	19
CORRENT 2024 REPORTING TEAR TOTAL	. 1	U	17	U	U	U	U	<u> </u>	U	U	U	U	U	U	19
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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OFS COMPANY ID		BECI	1011 1	Livii	LOIL	K IDEI		OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	ARTEI	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	T-LEVEL	NAME				
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HEADQUARTERS OR ESTABLISHMI		EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
192 Narragar	sett St						G	ORHAI	M			ME		0403	38
	SECTI	ON D -	EMPI	LOYER	IDENT 52920		ΓΙΟΝ N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPLO			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															
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)															
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0 4	0	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	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 Laborers and Helpers	0	0	8	0	0	0	1	0	2	0	0	0	0	0	9 5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	23	0	0	0	1	0	3	0	0	0	0	0	27
PRIOR 2023 REPORTING YEAR TOTAL	0	0	27	0	0	0	1	0	2	0	0	0	0	0	30
		SECTIO)N I – `	WORK	FORCI	SNAP	SHOT I	ÆRIOI)						

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
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AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VΝ			STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADOU	ARTEI	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
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		ON D -	EMPI			TIFICA')					
		SECTIO	ON E -		952920 OYER	557 FILING	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	N BUS	INESS		
SEC	CCTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
-	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	ment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
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JOB CATEGORIES	a)	e e	Q)	ck or Afric American	u	/aii	ndi Iati	ė	Q.	or	_	/aii	nerican Indian Alaska Native	ė	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	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	4	0	0	0	0	0	0	0	0	0	0	0	4
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 2024 REPORTING YEAR TOTAL	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9
PRIOR 2023 REPORTING YEAR TOTAL	0	0	11	0	0	0	0	0	0	0	0	0	0	0	11

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** TN 37013

EMPLOYER NAME

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

EB30170 Bangor ME

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 345 Target Industrial Circle **BANGOR** ME 04401

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	/						
	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	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	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 2024 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

EEOC Standard Form 100 (SF 100)

,			CO-1 COMPONENT 1)		OMB Cont	rol Number: 304 on Date: 11/30/2						
			YPE OF REPORT									
			NT-LEVEL REPORT									
OPG GOV MANAY M	SECT	TON B – EMPLO	OYER IDENTIFICATION	(A) (E)								
OFS COMPANY ID AC16425			EMPLOYER N Nashville TN - CORPO									
					_							
ADDRESS			CITY/TOV		STATE	ZIP CO						
5846 Crossings	Boulevard		NASHVIL	LE	TN	3701	3					
	C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Manchester CT											
EB30181	Manchester CT											
HEADQUARTERS OR ESTABLISHM	MENT-LEVEL ADD	RESS	CITY/TOV	VN	STATE	ZIP CO	DE					
50 Utopia	Road		MANCHES	TER	CT	0604	Ю					
	SECTION D -		ENTIFICATION NUMBE	R (EIN)								
	SECTIO	ON E – EMPLOY	ER FILING ELIGIBILITY	Y								
X YES (Employer Is Eligib	le to File) 🔲 NO	(Employer Is Not	Eligible to File)	OYER NO LONGE	R IN BUSIN	ESS						
SI			ACTOR DESIGNATION (3 I): Not Applicable	if applicable)								
☐ YES (Single-Establish	ment Employer is	Federal Contractor	YES (Multi-Establishn	nent Employer is Fede	eral Contracto	or)						
☐ YES	(Headquarters is I	Federal Contractor)	YES (Non-Headquarter	s Establishment is Fe	deral Contract	tor)						
	□ Y	ES (One or More	Non-Headquarters Establish	ments is Federal Con	ntractor)							
			ICS INFORMATION is (Used) Merchant Whole	salers								
	SECTION	H – WORKFOR	RCE DEMOGRAPHIC DA									
			Race/Ethnicit	•								
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							Race/E	thnicit	у						
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	or L	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
Executive/Senior Level Officials and 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	1	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	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	3	0	6	1	0	0	0	0	0	0	0	0	0	0	10
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 2024 REPORTING YEAR TOTAL	5	0	11	1	1	0	0	0	1	0	0	0	0	0	19
PRIOR 2023 REPORTING YEAR TOTAL	6	0	13	1	0	0	0	0	1	0	0	0	0	0	21

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
						E OF RI LEVEL I		rT							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CO	DE
5846 Crossings B	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C – HI			RS OR	ESTAB	LISHN	/ENT-I	EVEL	IDENT	TFICA'	FION (it	f applica	ible)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	2.12.00		ub OII			UARTE						ioic)			
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	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	<u>Unique Entity ID (UEI)</u> : Not Applicable														
	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	ablishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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IOR 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	as a	<u>e</u>	g.	ck or Afric American	u	/aii	ndi Iati	e.	, e	or	_	/aii	ndi Iati	ė	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0 4	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 Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	0	5	2	0	0	1	0	0	0	0	0	0	1	12
Laborers and Helpers	1	1	1	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 2024 REPORTING YEAR TOTAL	5	1	10	2	0	0	1	0	0	0	0	0	0	1	20
PRIOR 2023 REPORTING YEAR TOTAL	8	1	13	2	0	0	1	0	0	0	0	0	0	1	26

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ation Dat		
			SECT	TION A	- TYP	E OF RI	EPORT								
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		SECT	ION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		370	13
SECTION C - H			PS OR	FSTAR	I ISHN	AENT-I	FVFI	IDENT	TEICA'	TION (it	f annlies	able)			
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HEADQUARTERS OR ESTABLISHM	ENT I EV	ZEL ADE	DECC					TY/TOV				STATE		ZIP CC	IDE .
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	SECTI	ON D -	EMPI		IDEN' 952920	ΓIFICA'	TION N	UMBE	R (EIN	D)					
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SE	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 (Single Establishe	olishment Employer is Federal Contractor) 🔲 YES (Multi-Establishment Employer is Federal Contractor)														
	ES (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)														
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				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		Two or More Races	Row
JOB CATEGORIES		<u>o</u>	as a	ck or Afric American	_	aiii	nerican Indian Alaska Native	&	Φ	or	_	aiii	American Indian Alaska Native	e R	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	5 1	0	0	0	0	0	0	0	0	0	0	0	6
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	1	0	0	0	0	0	1
Craft Workers Operatives	8	0	0 20	0	0	0	0	0	0	0	0	0	0	0	0 29
Laborers and Helpers	16	0	10	1	0	0	0	2	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 2024 REPORTING YEAR TOTAL	25	0	38	1	1	0	0	2	1	0	0	0	0	0	68
PRIOR 2023 REPORTING YEAR TOTAL	24	0	43	4	1	0	0	2	2	0	0	0	0	0	76

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat			
						E OF RI LEVEL I		T.								
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OFS COMPANY ID								OYER N								
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE	
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13	
SECTION C - H			RS OR	FSTAR	I ISHN	/FNT_I	EVEL	IDENT	IFICA'	TION (it	f annlica	hle)				
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149 Lafayett												NY		1179	<i>7</i> I	
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA' 1 <mark>557</mark>	TION N	UMBE	R (EIN)						
	5	SECTIO	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	N BUS	NESS			
SE	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)															
	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
☐ YES (Single-Establishn	nent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)															
☐ YES (Headqua	· ·														
		☐ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)				
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JOB CATEGORIES		as a		Black or African American		iiai	nerican Indian Alaska Native	R		or eric		iial	nerican Indian Alaska Native	S _S	Row	
	Male	Female	White	ck or Afric American	Asian	Na Ic	n S	ore	White	Black or an Amer	Asian	N S	L S	re	Total	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	0	0	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	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	2	0	0	0	1	0	0	0	0	0	0	6	
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 2024 REPORTING YEAR TOTAL	3	0	7	2	0	0	0	1	1	0	0	0	0	0	14	
PRIOR 2002 REPORTING VEAR TOTAL	4	0	7	3	0	0	0	2	1	0	0	0	0	0	47	
PRIOR 2023 REPORTING YEAR TOTAL	4	U	,	3	U	U	U	2	'	U	U	U	U	U	17	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	I COM	PONE	NT 1)					ation Dat		
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		SECT	ION B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings	Rouleva	ard						SHVIL				TN		370	
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SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	£ADQU	ARTE	RS OR							ΓΙΟΝ (i1 Γ-LEVEL		ıble)			
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	SECTION	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN)	l .				
	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)														
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														
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□ ¥700 (0) 1 D (17)	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
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				Black or African American		an	an	ä		Black or African American		an	an	ac	Row
JOB CATEGORIES		<u>e</u>	Φ	ck or Afric American	u	aiii Isl	ndia	e R	a)	or	u	aiis Isl	nerican Indian Alaska Native	e R	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	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	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 2024 REPORTING YEAR TOTAL	1	0	4	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Dat			
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AC16425					N	lashville				OFFICE						
ADDRESS							C	TY/TOW	/N			STATE		ZIP CO	DDE	
5846 Crossings	Bouleva	ard						ASHVIL				TN		370		
SECTION C - H			RS OR	ESTAB	BLISHN	MENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)				
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	SECTION E – EMPLOYER FILING ELIGIBILITY to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
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SE	CTION	File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS FION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
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YES (I	Headqua	rters is l	Federal	Contrac	tor)	YES (N	Non-Hea	dquarter	s Establ	ishment	is Feder	al Contr	ractor)			
		□ Y	ES (O	ne or Mo	ore Nor	n-Headqı	uarters E	Establish	ments i	s Federa	ıl Contra	actor)				
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JOB CATEGORIES		ø	•	fric	_	aiia Isla	dia	R.		or	_	aiia Isla	dia	S.	Row Total	
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	2	Fe	>	ck or Afric American	Ä	e H	ica	Į.	>	Bla	Ä	e H	nerican Indian Alaska Native	or More Races		
				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		
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2	
Professionals	0	Ω	0	0	0	0	0	0	0	0	0	0	0	Ω	0	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

No Comment

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													ation Dat		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 CC	ZIP CODE				
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE.			TN		370	13				
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-I	LEVEL	IDENT	'IFICA'	TION (i	f applica	able)							
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE				Γ-LEVEL	NAME								
EB30280							Ste	erling V	Α										
HEADQUARTERS OR ESTABLISHM	MENT-LEVEL ADDRESS CITY/TOWN STATE ZI												ZIP CC	DE					
23750 Pebble Run Dr	, Bays #	78&	9				S	TERLIN	1G			VA		2016	66				
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																			
											IGEK I	пов	INESS						
SE	CHON			L CONT ntity ID (іт аррііс	abie)									
☐ YES (Single-Establishr	aant Eman		-						ant Em	mlarian ia	Fadam	1 Contro	atom)						
	_	-																	
☐ 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	Hispan	ic or L	atino									
	or L	atino		1	M	lale		1		1	Fer	nale	1						
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				an an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		ä		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races					
JOB CATEGORIES		a)		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	ic	S S	ore	White	Black or	Asian	ic	Na Pr	ore	Total				
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						-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	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	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 Laborers and Helpers	6 2	0	0	1	1 2	0	0	0	0	0	0	0	0	0	11 7				
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
CURRENT 2024 REPORTING YEAR TOTAL	8	0	4	5	3	0	0	1	2	0	0	0	0	0	23				

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)														umber: 3046-0049 ate: 11/30/2026				
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				BLISH														
		SECT	TON E	3 – EMP	LOYE	R IDEN												
OFS COMPANY ID								OYER N		055105								
AC16425					N	ashville	IN - C	ORPO	RATE	OFFICE								
ADDRESS							Cl	ITY/TOW	VN			STATE		ZIP CC	DDE			
5846 Crossings I	Bouleva	ard					N.A	ASHVIL	LE			TN		370	13			
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	AENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)	ı					
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	Γ-LEVEL	NAME							
EB30318						Е	Bensenv	ville IL -	Depot									
HEADQUARTERS OR ESTABLISHME	IMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CO														DDE			
300 Beeling	e Dr						BEN	SENVI	LLE			IL		6010	06			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)																		
	SECTI	- עאט	- EWIL I		952920		HONN	ONIDE	K (EII)	,								
		SECTION	ON E -	- EMPL			ELIGI	BILITY	Y									
X YES (Employer Is Eligible										NO LO	NGER 1	IN BUSI	INESS					
				L CONT							10211		1200					
SEC	JION			tity ID (п аррис	able)								
☐ YES (Single-Establishm	ant Emr		_	-					ont Em	nlover is	Endoro	1 Contro	ator)					
-	_	-																
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)																		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	Establish	ments i	s Federa	l Contra	actor)						
		S	ECTIO	ON G - I	NAICS	INFOR	MATIC)N										
				ehicle F														
SECTION H - WORKFORCE DEMOGRAPHIC DATA																		
Race/Ethnicity																		
		anic atino	Not Hispanic or Latino Male Female															
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				ᇣ		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	Races	_			
JOB CATEGORIES				i E ⊑		iiai	ig a	Ra		r eric		iiai	dia tiv	R	Row Total			
	Male	Jak	ite	Ţ, Ą	Asian	ic wa	₽ S) Le	iţe	k c	an	Na Si	n S	ore	Total			
	Ĕ	Female	White	ck or Afric American	Asi	H Ha	san ka	Ĕ	White	Black or an Amer	Asian	H Ha	an ka	Ĕ				
				Black or African American		ě g	nerican Indian Alaska Native	ō		B		ě g	nerican Indian Alaska Native	ō				
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						~ ō	_	-				~ 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	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	7	0	1	3	0	0	0	1	0	0	0	0	0	0	12			
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
CURRENT 2024 REPORTING YEAR TOTAL	7	0	1	3	0	0	0	1	0	0	0	0	0	0	12			
DDIOD 2022 DEDODTING VEAD TOTAL	6	0	1	1	0	n	0	1	0	0	0	0	0	0	0			

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT																	
			ESTA	BLISH	MENT-	LEVEL	REPOF	RT									
		SECT	TION I	B – EMP	LOYE	R IDEN											
OFS COMPANY ID	EMPLOYER NAME Nashville TN - CORPORATE OFFICE																
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE							
ADDRESS							C	ITY/TOW	/N			STATE ZIP CODE					
5846 Crossings I	Bouleva	ard					N/	ASHVIL		TN	13						
SECTION C – HI			RS OR	ESTAP	RLISHN	AENT-I	EVEL	IDENT	IFICA'	TION (i	f applic	able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID	3.12 Q C		011							Γ-LEVEL		4010)					
EB30363	Southwick MA - Route 16																
HEADQUARTERS OR ESTABLISHMI														DDE			
58 Sam West								UTHW				MA		010			
		OND	EMD	LOVED	IDEN	PIETO A				n.							
	SECTI	- ע אט	- EMP	LOYER	952920		HONN	OMBE	K (EIIV)							
		SECTIO	ON E -	- EMPL			ELIG	BILITY	Y								
X YES (Employer Is Eligible										NO LOI	NGER	IN RUSI	INESS				
				L CONT							IGEN	II (DCD)	LILEDS				
SEC	CHON			ntity ID (HON (п аррис	abie)							
☐ YES (Single-Establishm	ont Emm		_	-				tabliaba	ont Em	mlarian ia	Endone	1 Contro	atau)				
	_	-															
☐ YES (F	Ieadqua	rters is l	Federal	l Contrac	etor)	YES (N	Ion-Hea	dquarter	s Establ	ishment	is Fede	ral Contr	ractor)				
		□ Y	ES (O	ne or Mo	ore Non	-Headqı	arters E	Establish	ments i	s Federa	l Contr	actor)					
				ON G - 1													
	423	140 - M	lotor V	ehicle F	Parts (L	Jsed) M	erchant	t Whole	salers								
	SE	CTION	1 H - V	WORKF	ORCE										T		
Race/Ethnicity Hispanic Not Hispanic or Latino																	
		anic atino			M	lale	Not	Hispan	IC Or L	atino	For	male					
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				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 'e	Two or More Races	Barr		
JOB CATEGORIES		o o	-	Black or African American	_	lis Isla	nerican Indian Alaska Native	ě		eric	_	ajja Isla	American Indian Alaska Native	S.	Row Total		
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1		
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	0	0	0	0	0	0	0	0	0	0	0	0	0		
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CURRENT 2024 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1		
CORRENT 2024 REPORTING TEAR TOTAL	U	U	1	U	U	U	U	U	U	U	U	U	U	U	1		
PRIOR 2023 REPORTING YEAR TOTAL	0	0	1	0	1	0	0	0	0	0	0	0	0	0	2		
THOR 2020 RELIGITING TEAR TOTAL				WORK													
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12082024 - 12212024

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

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

				`				,				Expir	ation Date	e: 11/30/	2026		
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT																	
SECTION B – EMPLOYER IDENTIFICATION																	
OFS COMPANY ID EMPLOYER NAME																	
AC16425	Nashville TN - CORPORATE OFFICE																
ADDRESS											STATE		ZIP CODE				
5846 Crossings E								SHVIL				TN	3701	3			
SECTION C – HE	EADQU	ARTE	RS OR									ıble)					
HQ/ESTABLISHMENT-LEVEL UNIT ID				1	HEADQ	UARTE					NAME						
EB30372							Frand R	•						=TD 00			
HEADQUARTERS OR ESTABLISHME 4676 Division		EL ADD	RESS					TY/TOW				STATE		ZIP CODE 49348			
								AYLAN				MI		4934	ю		
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-Establishm	-	•								•							
TYES (H	leadqua	rters is F	Federal	Contract	or)	YES (N	on-Head	lquarter	s Establ	ishment i	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/Ethnicity																	
	Hisp	anic						Hispan	,	atino							
	or La	atino									nale						
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				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		O		Black or African American	_	aiia Isla	nerican Indian Alaska Native	S.	-	Black or African American	_	Native Hawaiian Other Pacific Islan	American Indian Alaska Native	Ra	Row Total		
	Male	Female	White	ck or Afric American	Asian	awa	r S	ore	White	Black or an Amer	Asian	awa	r ž	lore	Total		
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				ш		St St	An	≥		Ā		S a	A	≥			
For extinct (Continuo Lovel Officials and Management			•	•			•			•			_	•	0		
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	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	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3		
Administrative Support Workers	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3		
Craft Workers 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 2024 REPORTING YEAR TOTAL	1	0	11	0	0	0	0	0	3	0	0	0	0	0	15		
CONTENT EVEN NEI ON THE TEAM TOTAL				ď									_				
PRIOR 2023 REPORTING YEAR TOTAL	3	0	11	0	0	0	0	0	4	0	0	0	0	0	18		
		SECTIO	N I – '	WORKI	ORCI	E SNAP	SHOT I	PERIO)			•					

12082024 - 12212024

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

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

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

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

SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** TN 37013 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

EB30381 Michigan City IN - Great Lakes

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

728 West Us Highway 20 MICHIGAN CITY IN 46360

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

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

							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		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	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	0	0	0	0	0	0	0	1	0	0	0	0	1
Craft Workers	0	0	3	1	0	0	0	0	0	0	0	0	0	0	4
Operatives	2	0	3	3	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 2024 REPORTING YEAR TOTAL	2	0	11	4	0	0	0	1	0	1	0	0	0	0	19
PRIOR 2023 REPORTING YEAR TOTAL	3	0	10	2	0	0	0	1	0	1	0	0	0	0	17

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER INI	ORM	ATIO	N REF	ORT (EEO-1	I COM	PONE	NT 1)					ation Dat		
				TON A							ı				
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							Cl	ITY/TOW	VN			STATE		ZIP CO	DE
5846 Crossings E	Bouleva	ırd					N.A	ASHVIL	I F			TN		3701	3
-			DC OD	ECE A D	T TOTTA	AENIE I				ELONI (C 1:			0,0,	
SECTION C – HE HQ/ESTABLISHMENT-LEVEL UNIT ID	ADQU	AKILI	KS OK	ESTAB	HEADO HEADO	ILNI-L	RS OR ES	TDEN I	IFICA.	TION (1 Γ-LEVEL	I applica	abie)			
EB30401					TIL: IDQ		Ft. Mye			LEVEL	TURNE				
HEADQUARTERS OR ESTABLISHME		EL ADD	RESS					ITY/TOW				STATE		ZIP CO	
5001 State Ro	ad 82						FOI	RT MYE	ERS			FL		3390)5
X YES (Employer Is Eligible		SECTIO	ON E -	EMPL	952920 OYER	557 FILING	ELIGI	BILIT	Y	-	NCED I	INI DI ICI	INIECC		
											VGEK	IN BUSI	INESS		
SEC	CTION			LCONT				TION (i	if applic	able)					
_	· ·														
☐ YES (Single-Establishme	· ·														
TYES (H	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment 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															
				ehicle P											
	SE	CTION	H – V	VORKF	ORCE										
		•-					Race/E								
	Hisp	anıc			M	ale	Not	Hispan	ic or L	atino	For	nale			
	OI La	atino			IVI	ale	1	1			гег	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	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	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	1	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	0	6	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	3 0
CURRENT 2024 REPORTING YEAR TOTAL	6	0	9	0	0	0	0	0	0	0	0	0	0	1	16

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

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

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

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

SECTION A - TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** TN 37013 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB30437 Pompano Beach FL - Melbourne

EB30437 Pompano Beach FL - Melbourne
HEADOUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN

R ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE
2028 NW 25th Ave POMPANO BEACH FL 33069

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)

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	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	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	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	13	0	0	1	0	0	0	0	0	0	0	0	0	0	14
Laborers and Helpers	2	0	0	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 2024 REPORTING YEAR TOTAL	16	0	1	2	0	0	0	0	2	0	0	0	0	0	21
PRIOR 2023 REPORTING YEAR TOTAL	16	0	1	1	0	0	0	0	1	0	0	0	0	0	19

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	[ATIO]	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
				TION A											
		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings E	Bouleva	ard					N.A	ASHVIL	LE			TN		370	13
SECTION C - HE	ADOU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	LEVEL	IDENT	IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME	,			
EB30446						Sa	atsume	LA - Gu	ulf Coa	st					
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADD	RESS				C	TY/TOV	VN			STATE		ZIP CC	DE
16925 Black Mu	dd Roa	ad						'INGST				LA		707	
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN	D)					
					952920										
				EMPL	_		_								
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		
SEC	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)														
	Unique Entity ID (UEI): Not Applicable shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishme	hment Employer is Federal Contractor)														
☐ YES (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)														
	6 (Headquarters is Federal Contractor)														
		140 - M	otor V	ehicle P	arts (L	Jsed) M	erchant	Whole							
	SE	CCTION	V H – V	VORKF	ORCE										
							Race/E								
		anic atino			N/	lale	Not	Hispan	ic or L	.atino	For	nale			
	Of La	atino			IV	lale				1	rei	naie			
				<u>_</u>		Native Hawaiian or Other Pacific Islander	p e	Two or More Races		a		Native Hawaiian or Other Pacific Islander	o c	Two or More Races	
JOB CATEGORIES		4		Black or African American		iiar sla	American Indian Alaska Native	Ra		Black or African American		iiar sla	American Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	wa Ic I	Pa Na	ore	White	Black or	Asian	wa Ic I	Inc Na	ore	Total
	Ma	e.	×	r or mer	Asi	H Ha	ska	Ĕ	×	lac n A	Asi	Ha	san ska	Ĕ	
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						-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	2	0	0	0	0	0	5
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	0 2	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	1	0	4	0	0	0	0	1	0	0	0	0	0	0	6
Operatives Laborers and Helpers	0	0	8 5	0	0	0	0	0	1	0	0	0	0	0	16 6
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	22	4	0	0	0	1	10	0	0	0	0	0	38
PRIOR 2023 REPORTING YEAR TOTAL	1	0	23	4	0	0	0	0	10	0	0	0	0	0	38

SECTION I – WORKFORCE SNAPSHOT PERIOD

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

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

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

OMB Control Number: 3046-0049

			Expiration	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		Nashville TN - CORPORATE OFFICE		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
5846 Crossin	gs Boulevard	NASHVILLE	TN	37013
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙΕ	
EB30455		Fayetteville AR - NW Arkansas		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
185 E Ma	abry Lane	FAYETTEVILLE	AR	72701
	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

	01	201101	, ,	, 011111	ONCE	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	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	1	1	2	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	1	1
Craft Workers	0	0	2	0	0	0	0	1	0	0	0	0	0	0	3
Operatives	1	0	3	0	0	0	0	0	0	0	0	0	0	0	4
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 2024 REPORTING YEAR TOTAL	2	1	13	0	0	0	0	2	1	0	0	0	0	1	20
PRIOR 2023 REPORTING YEAR TOTAL	1	1	15	0	0	0	0	2	1	0	0	0	0	1	21

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
						E OF RI LEVEL I									
		SECT				R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					IN	ashville				JFFICE		CT + TT	1	am co	DE
ADDRESS 5846 Crossings I	Roulevs	ard						TY/TOW ASHVIL				STATE		370°	
SECTION C - HI			DS OD	FSTAR	I ICHN	/FNT-I				FION (i	fannlier			370	J
HQ/ESTABLISHMENT-LEVEL UNIT ID	ZADQU	AKILI	KS OK			UARTE						ibie)			
EB30473						Gre	enville S	SC - Se	elf Serv	ice					
HEADQUARTERS OR ESTABLISHME			DRESS					TY/TOW				STATE		ZIP CC	
1300 White Hor								EENVII				SC		2960)5
	SECTI	ON D -	EMPI		IDEN ⁷ 952920	FIFICA' 1 <mark>557</mark>	TION N	UMBE	R (EIN)					
						FILING									
X YES (Employer Is Eligible											NGER I	IN BUSI	INESS		
SEC	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)														
VEC (Single Established															
	Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES (F															
	4231					INFOR Ised) M			salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						
			1				Race/E		<u>, </u>						
		anic atino			M	ale	NOt	Hispan	IC OF L	atino	Fer	nale			
				⊆		Native Hawaiian or Other Pacific Islander	o	ses		an		Native Hawaiian or Other Pacific Islander	o c	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 Alaska Native	Ra	Row
	Male	Female	White	r Afi	Asian	awa fic I	ı Inc	ore	White	sk o Ame	Asian	awa fic I	l Inc	ore	Total
	Ž	Fen	₹	ck or Afric American	As	He Paci	icar ska	Ž	₹	Black or an Amer	As	He Paci	icar	Two or More	
				3lac		ative er F	ner Ala	00		fric		ative er F	ner Ala	00	
						ž Ę	Α	_≥		<		≥ £	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	1	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	1	0	0	0	0	3	0	0	0	0	0	5
Administrative Support Workers Craft Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	3
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 2024 REPORTING YEAR TOTAL	2	0	7	4	0	0	0	2	5	0	0	0	0	0	20
PRIOR 2023 REPORTING YEAR TOTAL	3	0	10	2	0	0	0	3	3	1	0	0	0	2	24

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

No Comment

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

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

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

OMB Control Number: 3046-0049

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				TION A -				_							
				BLISHM											
OFS COMPANY ID		SECT	TON E	B – EMPI	LOYE	R IDEN		ATION OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	ARTE	RS OR	ESTABI	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID				I	HEADQ					Γ-LEVEL	NAME				
EB30482						Hous	ston TX			SS					
HEADQUARTERS OR ESTABLISHM			RESS					TY/TOW				STATE		ZIP CC	
9314 Wallisvil								DUSTO				TX		770′	13
	SECTI	ON D -	EMPI	LOYER 1	IDENT 52920		TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPLO	YER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	e to File)	□ NO	(Empl	oyer Is N	ot Elig	ible to F	ile)	EMPLO	OYER	NO LON	IGER I	IN BUSI	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)															
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) ☐ YES (One or More Non-Headquarters Establishments 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															
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
				VORKFO											
							Race/E	•	,						
		anic			N	lala	Not	Hispan	ic or L	atino	For	nala			
	Of L	atino		1 1	IV	ale					rei	nale			
				_		or der	ō	es		_		or der	ō	es	
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 Other Pacific Islan	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	<u>e</u>	ale	ite	ck or Afric American	an	wai ic Is	Ind Nat	ē	ite	Black or	an	wai ic Is	nerican Indian Alaska Native	<u>e</u>	Total
	Male	Female	White	ner	Asian	Hay	san ska	Š	White	lacl n A	Asian	Hay	san ska	Š	
		_		A		ive er P	eric Nas	0 0		B		ive P. P.	eric Nas	ō	
				B		Native Hawaiian or Other Pacific Islander	Am,	Ě		Ą		Native Hawaiian or Other Pacific Islander	Am,	Ě	
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	1	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	5	2	0	0	0	0	0	0	0	0	0	0	0	0	7
Administrative Support Workers	1	3	0	1	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	6	0	0	5	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
CURRENT 2024 REPORTING YEAR TOTAL	13	7	2	8	0	0	0	0	0	0	0	0	0	0	30
PRIOR 2000 PERCETIVO VEAR TOTAL	10	6	2	7	0	0	0	0	1	0	0	0	0	1	27
PRIOR 2023 REPORTING YEAR TOTAL	10			WORKF						U	U	U	U	1	27
			1			221202			-						

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT ((EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
				TION A											
		Q T Q T		BLISH											
OFS COMPANY ID		SECT	TON E	B – EMP	LOYE	K IDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE			TN		370	13
SECTION C - H	EADQU	JARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
EB30502							Chicago				1		-		
HEADQUARTERS OR ESTABLISHM			DRESS					TY/TOV				STATE		ZIP CC	
16801 Exchange Av								ANSIN				IL		6043	38
	SECTI	ON D -	- EMPl	LOYER	: IDEN' 1952920		TION N	UMBE	R (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														
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															
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)															
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) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	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 Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	1	0	4	1	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 2024 REPORTING YEAR TOTAL	1	0	8	2	0	0	0	0	1	0	0	0	0	0	12
PRIOR 2023 REPORTING YEAR TOTAL	0	0	9	1	0	0	0	0	1	0	0	0	0	0	11
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SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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

2024 EMPLOYER IN	FORM	AHO	NKEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat		
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OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DF
5846 Crossings	Poulovo	rd						SHVIL				TN		370	
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SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	<u>IENT-L</u>	EVEL	IDENT	IFICA'	TION (ii	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
EB30511						1	Foledo (OH - G	oody's						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
6180 Hagma	an Rd						T	OLED	O			OH		436	12
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)					
	SECTION E – EMPLOYER FILING ELIGIBILITY cle 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										NO LOI	NGER I	N BUSI	NESS		
	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)														
SE.	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
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	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (I	ment 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) TYES (Multi-Establishment Employer is Federal Contractor)														
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	or La	atino			M	ale				1	Fen	nale			
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	1	0	4	0	0	0	0	0	9
Professionals	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Technicians Sales Workers	0	0	2	0	0	0	0	1	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	1	0	17	0	0	0	0	0	0	0	0	0	0	0	18
Operatives	0	0	2	3	0	0	0	1	0	0	0	0	0	0	6
Laborers and Helpers	0	0	2	2	0	0	0	0	1	0	0	0	0	0	5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	2	0	28	5	0	0	1	2	5	0	0	0	0	0	43
PRIOR 2023 REPORTING YEAR TOTAL	2	0	31	3	0	0	1	0	6	0	0	0	0	0	43

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO!	N REI	PORT (EEO-	I COM	PONE	NT 1)					ration Dat		
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		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N.A	SHVIL	LE			TN		370°	13
SECTION C – H			RS OR	FSTAR	I ISHN	/FNT-I	FVFI	IDENT	TEICA'	TION (i	f annlies	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	NO OK	LOIAL	HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME	uoic)			
EB30520						Eas	ston MI) - HT I	Marvlaı	nd					
HEADQUARTERS OR ESTABLISHM	ENT-LEX	/FL ADD	RESS					TY/TOV				STATE		ZIP CC	DF
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2000			- EMPI	LOYER	IDEN	TIFICA'				D)					
		SECTIO	ON E -	- EMPL	9 <mark>52920</mark> OYER		ELIGI	BILIT	Y						
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SE															
VFS (Single-Establishn	hment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
	hment Employer is Federal Contractor)														
☐ YES (I	S (Headquarters 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) SECTION G – NAICS INFORMATION														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	3 0	0	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	0	0	0	0	0	0	2
Administrative Support Workers Craft Workers	3	0	0	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	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 2024 REPORTING YEAR TOTAL	3	0	9	1	0	0	1	0	3	0	0	0	0	0	17
PRIOR 2023 REPORTING YEAR TOTAL	4	0	10	1	0	0	1	0	2	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	NFORM	IA I IO.	N KEI	POKI (EEO-	COM	PONE	N1 1)					ation Dat		
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ADDRESS								TY/TOV				STATE		ZIP CC	
5846 Crossings								SHVIL				TN		370′	13
SECTION C – H	EADQU	J ARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME				
EB30538						ıa	mpa FL			CK			_		
HEADQUARTERS OR ESTABLISHM			DRESS					TY/TOV				STATE		ZIP CC	
1019 South 5	ooth St.							TAMPA	\			FL		336′	19
	SECTI	ION D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN)					
				- EMPL	OYER	FILING									
X YES (Employer Is Eligib	le to File)	ON 🔲	(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) Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
□ x750 (6: 1 F . 11:1	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
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☐ YES ((Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	(Headquarters is Federal Contractor)														
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JOB CATEGORIES	o o	e e	Q)	ck or Afric American	_	/aii	ndi Iati	e.	ė	Black or	_	/aii	American Indian Alaska Native	e F	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	6	0	0	0	0	0	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	1	0	1	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	2	0	1	2	1	0	0	0	0	0	0	0	0	0	6
Operatives	0	0	0	2	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 2024 REPORTING YEAR TOTAL		0	9	5	1	0	0	1	1	0	0	0	0	0	20
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PRIOR 2023 REPORTING YEAR TOTAL	3	0	10	4	1	0	0	0	1	0	0	0	0	0	19

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	AHO	N KEI	OKI (EEO-	I COM	PONE.	N1 1)					ation Dat		
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OFS COMPANY ID		SECT	TON E	B – EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					N	lashville				OFFICE					
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ADDRESS		1						TY/TOW				STATE		ZIP CO	
5846 Crossings I								SHVIL				TN		3701	3
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR							ΓΙΟΝ (it Γ-LEVEL		able)			
EB30565					пеарс	•	Chula V				NAME				
HEADQUARTERS OR ESTABLISHMI	ENT LEV	/EL ADD	DECC		-			TY/TOW				STATE	-	ZID.CC	DE
880 Energy		EL ADL	KESS					JLA VIS				CA		2IP CO	
OGO ETICITY												OA		313	
	SECTI	ON D –	EMPI	LOYER	IDENT 953406		IION N	UMBE	R (EIN)					
				EMPL											
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS		
SEG	CTION			L CONT				TION (i	f applic	able)					
	_		_	tity ID (_						
☐ YES (Single-Establishm	-	•													
TYES (F	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	dquarter	s Establ	ishment	is Feder	al Contr	ractor)		
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	1	0	0	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	4	2	2	0	1	0	0	1	0	0	0	0	0	1	11
Administrative Support Workers	3	5	0	0	0	0	0	0	0	0	0	0	0	0	8
Craft Workers Operatives	3 24	0	1	0	0	0	0	0	0	0	0	0	0	0	4 26
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	35	10	4	0	1	0	0	1	0	0	0	0	0	1	52
PRIOR 2023 REPORTING YEAR TOTAL	34	13	4	0	1	0	0	1	0	0	0	0	0	1	54

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO!	N REI	PORT (EEO-	I COM	PONE	NT 1)					ration Dat		
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OFS COMPANY ID		SECI	ION) – EMI	LUIE	KIDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							C	TY/TOV	/N			STATE		ZIP CC	DE
5846 Crossings	Rouleys	ard						ASHVIL				TN		370	
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SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR							TION (1: Γ-LEVEL		able)			
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		SECTIO	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	IN BUS	INESS		
SE	CTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	TION (if applic	able)					
				tity ID (,	**	ŕ					
☐ YES (Single-Establishn	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (Multi-Es	tablishn	nent Em	ployer is	Federa	1 Contra	ctor)		
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				ä		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Afr		Native Hawaiian or Other Pacific Islander	American Indian Alaska Native	Two or More Races	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians Sales Workers	3	0 4	0	0	0	0	0	2	0	0	0	0	0	0	10
Administrative Support Workers	1	3	0	0	0	0	0	0	0	0	0	0	0	0	4
Craft Workers	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Operatives Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25 0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	34	7	2	2	0	0	0	2	0	0	0	0	0	0	47
PRIOR 2023 REPORTING YEAR TOTAL	33	4	3	2	1	0	0	4	0	0	0	0	0	0	47

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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	YPE OF REPORT									
	ESTABLISHME	NT-LEVEL REPORT									
	SECTION B - EMPLO	YER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425		Nashville TN - CORPORATE OFFICE									
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
5846 Crossin	gs Boulevard	NASHVILLE	TN	37013							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Wilmington CA DVD											
EB30612		Wilmington CA - PYP									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
1232 Blin	n Avenue	WILMINGTON	CA	90744							
		ENTIFICATION NUMBER (EIN) 406551									
	SECTION E – EMPLOY	ER FILING ELIGIBILITY									
X YES (Employer Is Elig	tible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSINI	ESS							
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>D</u> : Not Applicable									
☐ YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	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 Con	ntractor)								
		ICS INFORMATION									
		s (Used) Merchant Wholesalers CE DEMOGRAPHIC DATA									
	SECTION II - WORKFOR	CE DEMOGRAI IIIC DATA									

							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	1	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	9	2	2	1	0	0	0	0	0	0	0	0	0	0	14
Administrative Support Workers	4	4	0	0	0	0	0	0	0	0	2	0	0	0	10
Craft Workers	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3
Operatives	33	0	0	0	0	0	0	0	0	0	0	0	0	0	33
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 2024 REPORTING YEAR TOTAL	51	6	3	1	0	0	0	0	0	0	2	0	0	0	63
PRIOR 2023 REPORTING YEAR TOTAL	46	6	2	0	0	1	0	0	0	0	3	0	0	0	58

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	COM	PONE	NT 1)					ontrol Nur ation Dat		
						E OF RI LEVEL I									
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105	_				
AC16425					N	ashville				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	
5846 Crossings E	Bouleva	rd					NA	SHVIL	LE			TN		3701	13
SECTION C - HE	EADQU	ARTEI	RS OR									ble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
EB30648						Sun V	alley C			epair					
HEADQUARTERS OR ESTABLISHME		EL ADD	RESS					TY/TOW				STATE		ZIP CO	
9228 Tujunga	Street						SU	N VALL	.EY			CA		9135	52
				9	953406)					
<u>_</u>						FILING									
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	lot Eligi	ible to F	ile) 🔲	EMPL	OYER 1	NO LO	NGER I	N BUSI	INESS		
SEC	CTION					OR DE		TION (i	if applic	able)					
			_	-		Not App									
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federal	Contra	ctor)		
YES (H	leadquai	ters is I	Federal	Contrac	tor)	YES (N	on-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
	•							-		s Federa					
						INFOR				o r cueru	. comme				
		40 - M	otor V	ehicle P	Parts (U	sed) Mo	erchant	Whole							
	SE	CTION	I H – V	VORKF	ORCE	DEMO									
							Race/E								
	Hisp or La				М	ale	Not	Hispan	ic or L	atino	Fon	nale			
	OI La	uno			IVI	ale					ren	iaie			
						z je	×	S		_		or der	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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	•	<u>•</u>	Ð	vfri San	_	aiis	ndia Iati	e R	o o	o Jeri	_	aiig Isl	ndia	e R	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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	1	0	0	0	0	1
Craft Workers Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	1 2	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 2024 REPORTING YEAR TOTAL	3	0	2	0	0	0	0	1	0	1	0	0	0	0	7
PRIOR 2023 REPORTING YEAR TOTAL	2	0	2	0	0	0	0	0	0	1	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
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		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings I	Bouleva	ırd					NA	SHVIL	l F			TN		370	13
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SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	KS UK							Γ-LEVEL		ibie)			
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HEADQUARTERS OR ESTABLISHMI			RESS					TY/TOW				STATE		ZIP CC	
5311 S Union	Avenue	!					BAK	ERSFI	ELD			CA		9330)7
	SECTI	ON D -	EMPI		IDENT 953406		TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	Пло	(Emple	over Is N	lot Elig	ible to F	ile) \square	EMPLO	OYER	NO LO	NGER I	N BUSI	NESS		
	CTION			-											
SEV				tity ID (11011 (1	п аррпс	aute)					
YES (Single-Establishm	E							1. 1: -1	E	1 :	To do not	I C	-4		
- · •	•	•													
YES (I	Ieadquai	rters is I	Federal	Contrac	tor) 🔲	YES (N	lon-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
		Пу	ES (O	ne or Mo	ore Non	-Headau	arters E	stablish	ments i	s Federa	l Contra	actor)			
				ON G - N											
	4231			ehicle P					salers						
				VORKF											
							Race/E	thnicit	у						
	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		an an	nerican Indian Alaska Native	ac		Black or African American		an	nerican Indian Alaska Native	ac	Row
JOB CATEGORIES	•	<u>e</u>	as a	ck or Afric American	_	ajie	ati	e E	a)	or	_	aiii Isl	ndi; ati	e E	Total
	Male	Female	White	r A	Asian	aw	Z Z	<u>o</u>	White	ck An	Asian	aw	ㅁㅁ	<u>o</u>	
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				<u>B</u>		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Af		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
						- 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	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	2	3	0	0	0	0	0	0	0	0	0	0	0	0	6 5
Craft Workers	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	9	1	1	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 2024 REPORTING YEAR TOTAL	21	5	2	1	0	0	0	0	0	0	0	0	0	0	29
PRIOR 2023 REPORTING YEAR TOTAL	20	4	2	1	0	0	0	0	0	0	0	0	0	0	27

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO	NKEI	OKI (EEO-	I COM	PONE	N1 1)					ation Dat		
				TON A				T.							
		SECT		B – EMP											
OFS COMPANY ID		BECI	IOIVI	<u> </u>	LOIL	KIDEN		OYER N	AME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	JARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	_				Γ-LEVEL	NAME				
EB30675						Bak	ersfield			CA					
HEADQUARTERS OR ESTABLISHM			RESS					TY/TOW				STATE		ZIP CO	
2115 South Uni	on Aven	ue					BAK	ERSFI	ELD			CA		9330)7
	SECTI	ON D -	EMPI	LOYER	IDEN ⁷ 952907		TION N	UMBE	R (EIN)					
				EMPL											
X YES (Employer Is Eligible											NGER I	IN BUS	INESS		
SE	CTION			L CONT tity ID (ΓΙΟΝ (i	if applic	able)					
☐ YES (Single-Establishr	aant Eman		_	-				tabliaba	ont Em		Endonal	1 Contro	atau)		
	_	-													
☐ YES (Headqua				. —			-					actor)		
									ments i	s Federa	l Contra	actor)			
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							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	lale					Fen	nale			
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				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	Row
JOB CATEGORIES		<u>e</u>	as a	fric	u	aiia	ndia	e R	ø.	or ieri	u	aiia	ndia	e R	Total
	Male	Female	White	Black or African American	Asian	law ific	nerican Indian Alaska Native	۸ō	White	Black or an Amer	Asian	la w	nerican Indian Alaska Native	۸ō	
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				Bla		ativ	me Al	Š.		Afric		ativ	me Al	Š.	
						Zδ	•	É				Zg	⋖	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	5	0	4	1	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	3	0	3	0	0	0	0	0	0	0	0	0	0	0	6
Administrative Support Workers	1 7	1	0	0	0	0	0	0	0	0	0	0	0	0	2
Craft Workers	17	0	5	0	2	1	0	2	0	0	0	0	0	0	17
Operatives Laborers and Helpers	6	0	5	0	0	2	0	1	0	0	0	0	0	0	26 14
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	39	2	19	2	6	3	0	3	1	0	0	0	0	0	75
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PRIOR 2023 REPORTING YEAR TOTAL	41	3	19	3	7	4	0	1	1	0	2	0	0	0	81

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER II	NFORM	AHO	NKEI	OKI (EEO-	COM	PONE.	N1 1)					ation Dat		
				TION A -				RT.			,				
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	10112		2012			OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - I HO/ESTABLISHMENT-LEVEL UNIT ID	<u>IEADQU</u>	ARTE	RS OR			MENT-L OUARTEI						ıble)			
EB30684						•	Lake C								
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
3455 West Nir	igret Driv	/e					SALT	LAKE	CITY			UT		8410)4
	SECTI	ON D -	EMPI	LOYER	IDENT 052920		TION N	UMBE	R (EIN)	•		•		
				EMPLO	OYER	FILING									
X YES (Employer Is Eligit	le to File) ECTION			-							NGER I	IN BUSI	INESS		
اق	CHON			tity ID (IION (I	паррис	able)					
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	ent 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)		
	•	□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	ıl Contra	actor)			
		S	ECTIC)N G – N	NAICS	INFOR	MATIO	N							
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							Race/E								
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	or La	atino 			M	ale					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	
JOB CATEGORIES	_	<u>0</u>	as a	Black or African American	_	aiia Isla	nerican Indian Alaska Native	e Re		Black or African American	_	aiia Isla	nerican Indian Alaska Native	e Re	Row Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals 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 2024 REPORTING YEAR TOTA	L 0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
PRIOR 2023 REPORTING YEAR TOTA	_ 0	0	1	0	0	0	0	0	0	0	0	0	0	0	1

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

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2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					Control Nu ration Da		
			SECT	TION A	- TYP	E OF R	EPORT	ı			I				
			ESTA	BLISH	MENT-I	LEVEL	REPOF	RT							
OTTO GOLD LIVE D		SECT	TON F	3 – EMP	LOYE	R IDEN			(A.) (E)						
OFS COMPANY ID								OYER N		055105	_				
AC16425					N	ashville	IN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					N/	ASHVIL	LE			TN		370	13
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	BLISHN	AENT-I	LEVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applic	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
EB30704						Stuyve	esant N	IY - Bro	adway	Auto					
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADI	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
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X YES (Employer Is Eligible	to File)	Пло	(Empl	over Is N	Not Elig	ible to F	ile) \square	EMPL	OYER	NO LO	NGER	IN BUS	INESS		
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	SE	CTION	NH – N	VORKE	ORCE										
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0 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	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	6	1	0	0	0	0	0	0	0	0	0	0	7
Operatives Laborers and Helpers	0	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
CURRENT 2024 REPORTING YEAR TOTAL	1	0	13	1	0	0	0	1	2	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
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			ESTA	BLISH	MENT-	LEVEL	REPOR	RT							
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OFS COMPANY ID								OYER N							
AC16425					N	lashville	IN - C	ORPO	RAIE	OFFICE					
ADDRESS							C	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE			TN		3701	13
SECTION C - H	EADQU	J ARTE I	RS OR	ESTAE								able)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE					NAME				
EB30713						(Omaha	NE - M	idwest						
HEADQUARTERS OR ESTABLISHM	ENT-LE	VEL ADE	DRESS				C	TY/TOW	/N			STATE		ZIP CC	DDE
8901 Irvingt	on Rd						(HAMC	A			NE		6812	22
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SE	CTION					OR DE		TION (i	if applic	able)					
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☐ YES (Single-Establishm	_														
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	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	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers Craft Workers	1	0	7	0	0	0	0	0	0	0	0	0	0	0	0 8
Operatives	0	0	6	0	0	0	0	1	0	0	0	0	0	0	7
Laborers and Helpers	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	. 1	0	20	0	0	0	0	1	1	0	0	0	0	0	23
PRIOR 2023 REPORTING YEAR TOTAL	1	0	16	3	0	0	0	1	0	0	0	0	0	0	21
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
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AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	ITY/TOV	VN			STATE		ZIP CC	DE
5846 Crossings								ASHVIL				TN		370′	13
SECTION C - H	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				
EB30731						Cla	yton No	C - APC) Ralei	gh					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	RESS					ITY/TOV				STATE		ZIP CC	DE
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SE	CTION			L CONT					if applic	able)					
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	blishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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		□ Y	ES (O	ne or Mo	ore Non	-Headqı	uarters E	Establish	ments i	s Federa	l Contr	actor)			
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
						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 0	0 0 0	0	0 0 0	0 0 0	0 0 0	2
First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers	0 1 0 0	0 0 0 0	1 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 1	1 0 0 0 1	0 0 0 0 0 2	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0 0	2 1 0 5 2
First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers	0 1 0 0 0	0 0 0 0 0	1 0 0 2 0 4	0 0 0 0 1	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 1	1 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	2 1 0 5 2 5
First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives	0 1 0 0 0 1	0 0 0 0 0 0	1 0 0 2 0 4 4	0 0 0 0 1 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 1 0 0	1 0 0 0 1 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	2 1 0 5 2 5 7
First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers	0 1 0 0 0	0 0 0 0 0	1 0 0 2 0 4	0 0 0 0 1	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 1	1 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	2 1 0 5 2 5

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

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

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

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

SECTION A – TYPE OF REPORT

	ESTABLISHMEI	NT-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
AC16425		Nashville TN - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
5846 Crossing	gs Boulevard	NASHVILLE	TN	37013
SECTION C -	HEADQUARTERS OR ESTABLE	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	

EB30740 Redmond OR - Brad's

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

2727 Sw 13Th

CITY/TOWN

STATE

ZIP CODE

REDMOND

OR

97756

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

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

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

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														
	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	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	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	1	0	2	0	0	0	0	0	0	0	0	0	0	0	3
Operatives	2	0	6	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 2024 REPORTING YEAR TOTAL	4	0	15	0	0	0	0	0	0	0	0	0	0	0	19
PRIOR 2023 REPORTING YEAR TOTAL	4	0	16	0	0	0	0	0	1	0	0	0	0	0	21

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	·ORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ation Dat		
				TION A							I.				
		SECT	ION B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings E	Roulevs	ard						SHVIL				TN		370	
														370	10
SECTION C – HE HQ/ESTABLISHMENT-LEVEL UNIT ID	ADQU	ARTE	RS OR							TION (1: Γ-LEVEL		able)			
					пеарс	•					NAME				
EB30785						ivie	mphis T			ce					
HEADQUARTERS OR ESTABLISHME			RESS					TY/TOW				STATE		ZIP CC	
966 West Mitche	ell Roa	d					M	IEMPH	IS			TN		3810)9
	SECTI	ON D -	EMPI	LOYER	IDEN'		TION N	UMBE	R (EIN	D)			Į.		
		SECTIO	ON E -	EMPL			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		
SEC	TION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
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☐ YES (Single-Establishme	hment Employer is Federal Contractor)														
- · · •	(Headquarters is Federal Contractor)														
☐ YES (H	· · · · · · · · · · · · · · · · · · ·														
	☐ 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														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Technicians	0	0	0	2	0	0	0	0	0	2	0	0	0	0	0
Sales Workers 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	2	0	2	10	0	0	0	0	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 2024 REPORTING YEAR TOTAL	2	0	3	12	0	0	0	0	0	5	0	0	0	0	22
PRIOR 2023 REPORTING YEAR TOTAL	2	0	5	9	0	0	0	0	0	4	0	0	0	0	20

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT													nber: 30 e: 11/30/	
				TION A		-									
		SECT	ION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							C	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings E	Bouleva	ard					N/	SHVIL	LE			TN		370 ⁻	13
SECTION C – HE			2S OR	FSTAR	I ISHN	/FNT-I	FVFI	IDENT	IFICA	FION (it	fannlice	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	ADQU	AKIL	NO OK							Γ-LEVEL		able)			
EB30794						-		FL - C							
HEADQUARTERS OR ESTABLISHME	NT LEV	ZEL ADE	DECC					TY/TOW				STATE		ZIP CC	DE
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	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	1	0	0	0	0	0	0	0	0	0	0	0	0	2
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	9	0	0	0	0	0	0	0	0	0	0	0	0	0	10 0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	10	4	0	0	0	0	0	1	0	0	0	0	0	0	15
PRIOR 2023 REPORTING YEAR TOTAL	10	4	0	0	0	0	0	1	0	0	0	0	0	0	15
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12082024 - 12212024

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

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

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2024 EMPLOYER INI	ORM	ATIO	N REI	ORT (EEO-	I COM	PONE	NT 1)					ration Dat		
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		SECT	ION B	– EMP	LOYE	R IDEN									
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5846 Crossings E	Bouleva	ard					N/	ASHVIL	LE			TN		370	13
SECTION C - HE	ADOU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	LEVEL	IDENT	TFICA'	ΓΙΟΝ (i	f applica	able)	i		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
EB30805						T	ampa F	L - Cop	oher SS	3					
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
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VFS (Single-Establishm	ent Emr		-						ent Em	nlover is	Federa	l Contra	ctor)		
	shment Employer is Federal Contractor)														
☐ YES (H	ES (Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	1	1	0	0	0	0	0	0	0	0	0	0	0	3
Professionals Technicians	0	0	0	0	0	0	0	0	1	0	0	0	0	0	5 0
Sales Workers	4	1	0	1	0	0	0	0	1	0	0	0	0	0	7
Administrative Support Workers	0	1	0	0	0	0	0	1	1	1	0	0	0	0	4
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives Laborers and Helpers	8	0	5	0	0	0	0	0	0	0	0	0	0	0	16 0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	14	4	7	3	0	0	0	2	4	1	0	0	0	0	35
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

No Comment

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

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

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

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5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
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HQ/ESTABLISHMENT-LEVEL UNIT ID	Lilbye	// IKI 121	NO OIL	LOTAL	HEADQ	UARTE	RS OR ES	STABLIS	HMENT	T-LEVEL	NAME	ioic)			
EB30814						Orl	ando F	L - Self	Servic	e					
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		SECTIO	ON E -	EMPLO			ELIGI	BILITY	Y						
X YES (Employer Is Eligible	e to File)	□ NO	(Empl	oyer Is N	ot Elig	ible to F	ile)	EMPLO	OYER	NO LON	NGER I	IN BUSI	INESS		
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
		Uni	que En	tity ID (<u>UEI)</u> :	Not App	licable								
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□ ves a	(Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
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	1	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	0	4
Craft Workers Operatives	6	0	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 2024 REPORTING YEAR TOTAL	15	4	3	0	0	0	0	0	1	0	0	0	0	0	23
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SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nui ation Dat		
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5846 Crossings I	Bouleva	ırd					NA	SHVIL	LE			TN		3701	3
SECTION C - HI	EADOU	ARTEI	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	TION (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		•			
EB30823						Cle	arwater	FL - C	opher \$	SS					
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12501 40Th Stre								ARWA				FL		3376	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	0	1	1	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	1	0	0	0	0	0	0	0	0	0	0	1
Operatives Laborers and Helpers	3 0	0	0	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 2024 REPORTING YEAR TOTAL															17
COMMENT 2027 NEI ONTINO TEAR TOTAL	OTAL 6 1 4 3 0 0 1 0 2 0 0 0 0												17		

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

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

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

OMB Control Number: 3046-0049

Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** 37013 TN SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EB30841 Tulsa OK - Self Service HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE **TULSA** OK 74106 3112 N Peoria 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 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 Craft Workers 2 0 0 0 0 0 0 3 0 9 2 0 0 0 0 0 0 0 0 0 15 Operatives 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 0 **CURRENT 2024 REPORTING YEAR TOTAL** 8 11 0 2 0 0 0 0 0 0 0 0 23

0 SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 122120

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

No Comment

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

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ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADOU	JARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	FION (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME	,			
EB30868						Т	ulsa Ol	K - Ape	x Auto						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
7600 Charles P								TULSA				OK		7412	
			EMPI	LOYER	IDENT	TIFICA')					
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	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES (I															
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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				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	u	ajje	ati	e R	o o	or Jeri	_	ajje Isl	nerican Indian Alaska Native	e R	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	1	0	0	0	0	0	0	0	0	0	3
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	1	2	1	0	0	1	0	1	0	0	0	0	0	7
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	1	0	2	0	1	0	1	1	0	0	0	0	0	0	6
Operatives Laborers and Helpers	2	0	3	0	0	0	0	0	0	0	0	0	0	0	5 5
Service Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
CURRENT 2024 REPORTING YEAR TOTAL	4	1	13	1	3	0	2	1	2	0	0	0	0	0	27
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PRIOR 2023 REPORTING YEAR TOTAL	4	0	13	1	4	0	1	1	2	0	0	0	0	0	26

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
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AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					NΔ	SHVIL	I E			TN		370	13
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SECTION C – H	EADQU	ARTE	RS OR							ΓΙΟΝ (11 Γ-LEVEL		able)			
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3157 W Intl Spee	dway B	lvd					DAYT	ONA B	EACH			FL		3212	24
	SECTI	ON D -	- EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPL			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	IN BUSI	NESS		
SE	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA	TION (if applic	able)					
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VFS (Single-Establishm	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)														
☐ YES (I	(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														
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				VORKF											
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		Ī			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
		Ľ		Black An	,	Native Other Pa	Americ Alas	Two or		BI Africar	,	Native Other Pa	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	1	0	1	0	0	0	0	0	1	0	0	0	0	0	3
Professionals 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	1	0	0	0	0	0	0	6
Administrative Support Workers	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	9	0	4	1	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 2024 REPORTING YEAR TOTAL	11	0	11	1	0	0	0	1	3	0	0	0	0	0	27
BRIOR 2022 REPORTING YEAR TOTAL	8	0	10	0	0	0	0	1	3	0	Λ	0	0	0	22

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

24

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
			SEC	ΓΙΟΝ A	- TYP	E OF RI	EPORT								
			ESTA	BLISH	MENT-I	LEVEL	REPOR	RΤ							
		SECT	TON I	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	IAME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE	•				
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					N.A	SHVIL	.LE			TN		370°	13
SECTION C - HI	EADQU	JARTE	RS OR	ESTAB	BLISHN	AENT-L	EVEL	IDENT	TFICA	ΓΙΟΝ (i	f applica	able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	T-LEVEL	NAME				
EB30886						Αu	rora Co	O - Self	f Servic	е					
HEADQUARTERS OR ESTABLISHME	NT-LEV	VEL ADI	DRESS				Cl	TY/TOV	VN			STATE		ZIP CC	DDE
11602 E 33Rd	Avenue	е					A	UROR	!A			CO		800	10
	SECTI	ON D -	- EMP	LOYER	IDEN	TIFICA'	TION N	UMBE	R (EIN)	ı				
				9	952920	557				-					
_				- EMPL											
X YES (Employer Is Eligible	Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEC	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm	hment Employer is Federal Contractor)														
□ ves (
LES (I	S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor)														
									nments 1	s Federa	ıl Contr	actor)			
	423			ON G - I ehicle F					ealers						
				VORKE											
							Race/E								
	Hisp	oanic							nic or L	atino					1
		atino			M	ale					Fer	nale			
				⊑		Native Hawaiian or Other Pacific Islander	o (Two or More Races		an L		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES				Black or African American		ian	American Indian or Alaska Native	Ra		Black or African American		ian	nerican Indian Alaska Native	Rac	Row
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						- 6		•				- 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	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 Sales Workers	0	1	0	1	0	0	0	0	2	0	0	0	0	0	6
Administrative Support Workers	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2
Craft Workers	8	0	2	0	0	0	0	0	0	0	0	0	0	0	10
Operatives	2	0	0	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 2024 REPORTING YEAR TOTAL	12	2	5	1	0	0	0	0	3	0	0	0	0	0	23

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

No Comment

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

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	СОМ	PONE	NT 1)					ation Dat		
				TON A				T.							
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings I	Souleva	ard						SHVIL				TN		3701	
														370	10
SECTION C - HI	EADQU	ARTE	RS OR							ΓΙΟΝ (if Γ-LEVEL		ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ						NAME				
EB30895						l rar	nsmetco			IN					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
1750 East River	ork Driv	ve					HUN	NTING	ΓON			IN		4675	50
	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 Eligible	to File)	□ NO	(Empl	oyer Is N	lot Eligi	ible to F	ile)	EMPL	OYER	NO LON	IGER I	N BUSI	NESS		
SEC	CTION			L CONT				ΓΙΟΝ (i	if applic	able)					
		<u>Uni</u>	ique En	tity ID (<u>UEI)</u> :	Not App	licable								
☐ YES (Single-Establishm	mment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
□ vec/l	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
L IES (I	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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	SE			Other I											
							Race/E	thnicit	٧						
	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	
IOD 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		<u>e</u>	a)	ck or Afric American	_	aii:	ndi. ati	e E	a)	o. Jer	_	aii Isl	ati	e E	Total
	Male	Female	White	r A	Asian	aw	n a	<u>ō</u>	White	Black or an Amer	Asian	aw	a N	<u>ō</u>	
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				В		Nat the	Am,	Š		Ą		Nat the	Am,	Š	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	0	31	2	0	0	0	0	2	0	0	0	0	0	38
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 2024 REPORTING YEAR TOTAL	3	1	43	2	0	0	0	0	3	0	0	0	0	0	52
PRIOR 2023 REPORTING YEAR TOTAL	0	0	46	1	0	0	0	0	4	0	0	0	0	0	51

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	AHO	NKEI	POKI (EEO-	I COM	PONE	N I I)					ation Dat		
				TION A		-	-								
			_	BLISH			_								
OFG COMPANY ID		SECT	ION E	B – EMP	LOYE	R IDEN			43.E						
OFS COMPANY ID AC16425					N	والنواي		OYER N		OFFICE					
					IN	astiville				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ırd					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME				
EB30906						Cumb	erland I	RI - Adv	/anced	Auto					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				Cl	TY/TOW	/N			STATE		ZIP CO	DE
290 Curran	Road						CUN	/IBERL	AND			RI		0286	64
	SECTI	ON D -	EMPI	LOYER	IDEN	TIFICA'	TION N	UMBE	R (EIN)			-		
					952920				` _						
	5	SECTIO	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 1	NO LO	NGER I	IN BUS	INESS		
SEC	CTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	TION (i	f applic	able)					
				tity ID (
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor)	YES (Multi-Es	tablishn	ent Em	ployer is	Federa	l Contra	ctor)		
□ ves (i	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
☐ 125 (i	Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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				VORKE											
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	or La	atino			M	lale	ı			1	Fer	nale	1		
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				E		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		ä		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	nerican Indian Alaska Native	Ra	Row
	Male	ale	ite	ica	an	wa ic I	Pa Pa	ore	ite	S E	an	wa ic I	Inc Na	ore.	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	4	0	0	0	0	0	1	0	0	0	0	0	6
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	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	9	0	5	0	0	0	0	0	0	0	0	0	0	0	14
Operatives Laborers and Helpers	4 5	0	9	0	0	0	0	0	0	0	0	0	0	0	14 5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	19	0	18	0	0	0	0	1	3	0	0	0	0	0	41
PRIOR 2023 REPORTING YEAR TOTAL	17	0	22	0	0	0	0	2	4	0	0	0	0	0	45
I NION 2023 NEI ONTING TEAN TOTAL		_ ~						_		_			_	-	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
				TION A											
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE			TN		370°	13
SECTION C – HI			DC OD	ECTAD	T TOTTA	AENTE I				TION (:	C 1:			0.0	
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	KS UK							TION (1 Γ-LEVEL		abie)			
EB30915					TIL/ID(•	e Island				1 17 LIVIL				
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HEADQUARTERS OR ESTABLISHMI		EL ADE	DRESS					ITY/TOV				STATE		ZIP CC	
2247 141St	Street						BLU	JE ISLA	AND			IL		6040)6
	SECTI	ON D -	EMPI	LOYER	IDEN'.		TION N	IUMBE	CR (EIN	1)					
	1	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	ïle) 🔲	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SEC	CTION			L CONT					if applic	able)					
☐ 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) ☐ 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) SECTION G − NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers															
				VORKE											
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	nic or L	atino					
	or L	atino			M	lale					Fer	nale			
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				an		Native Hawaiian or Other Pacific Islander	o or	Two or More Races		ä		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races	_
JOB CATEGORIES		0		Black or African American		iiai	American Indian Alaska Native	Ra		Black or African American		iiai	American Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	wa ic I	₽ E	ore	White	Black or	Asian	wa ic I	Na Na	ore	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	1	1	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	2	2	0	0	0	0	0	0	0	0	0	0	0	0	4
Administrative Support Workers Craft Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	5 2
Operatives	9	0	2	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 2024 REPORTING YEAR TOTAL	13	4	5	2	0	0	0	0	3	0	0	0	0	0	27
PRIOR 2023 REPORTING YEAR TOTAL	13	2	6	5	0	0	0	0	3	0	0	0	0	0	29
		SECTIO	NI –	WORK	FORC	ESNAP	SHOT	PERIO	D		ı.				

12082024 - 12212024

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

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

2024 EMPLOYER INI	OKM	AHO	NKEI	OKI (EEO-	COM	PONE.	N1 1)					ation Dat				
				TON A		-											
				BLISHN													
OFG COMPANY ID		SECT	ION B	– EMP	LOYE	R IDEN			A 3 (F)								
OFS COMPANY ID AC16425	EMPLOYER NAME Nashville TN - CORPORATE OFFICE																
					IN	astiville				OFFICE		STATE					
ADDRESS		CITY/TOWN							ZIP CODE								
5846 Crossings E			NA	SHVIL		TN	3										
SECTION C - HI	EADQU	ARTEI	RS OR	ESTAB	LISHN	AENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Chicago IL -A-Reliable-U Pull																
EB30924						Chic				Pull							
HEADQUARTERS OR ESTABLISHME						CITY/TOWN							STATE ZIP				
4555 W North	Avenue	!					С	HICAG	0			IL		60639			
	SECTI	ON D -	EMPI	LOYER	IDEN 2052920		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)	EMPLO	OYER	NO LO	NGER I	IN BUSI	INESS				
SEC	CTION			L CONT				TION (i	if applic	able)							
			-	tity ID (
☐ YES (Single-Establishm	ent Emp	loyer 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	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)				
		Пу	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)					
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				ehicle P													
	SE	CTION	H – V	VORKF	ORCE												
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	Hispanic or Latino			Male						ic or Latino Female							
				_		or	ō	ės		L		Native Hawaiian or Other Pacific Islander	ō	ės			
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	e	Female	te	ck or Afric American	Ę	vaii	Indi	re	te	Black or an Amer	Ę	vaii	Ind Aat	<u>ē</u>	Total		
	Male	: Euc	White	or , neri	Asian	da da	an l ca l	₩	White	ack A	Asian	da Ciji	an l	Θ			
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
First/Mid-Level Officials and Managers	2	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 Sales Workers	5	1	1	0	0	0	0	0	0	0	0	0	0	0	7		
Administrative Support Workers	1	1	0	0	0	0	0	0	0	1	0	0	0	0	3		
Craft Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1		
Operatives	10	0	0	1	0	0	0	1	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 2024 REPORTING YEAR TOTAL	18	2	1	2	0	0	0	1	0	1	0	0	0	0	25		
PRIOR 2023 REPORTING YEAR TOTAL	18	1	0	3	0	0	0	1	0	1	0	0	0	0	24		

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												Expiration Date: 11/30/2026					
				ΓΙΟΝ A		-	_										
				BLISHN													
OFS COMPANY ID	SECTION B – EMPLOYER IDENTIFICATION EMPLOYER NAME																
AC16425	Nashville TN - CORPORATE OFFICE																
ADDRESS	CITY/TOWN STATE												7ID CC	ZIP CODE			
5846 Crossings Boulevard							CHY/IOWN NASHVILLE							TN 3701			
_							ISHMENT-LEVEL IDENTIFICATION (if applicable)										
HO/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	KS UK			UARTE						able)					
EB30942	Holland MI - Self Service																
HEADQUARTERS OR ESTABLISHMI												STATE		ZIP CC	DDE		
11475 Chicag								OLLAN				MI		49424			
	SECTI	ON D	FMD	LOYER	IDENT	rieica'	TION N	HMRE	D (FIN	<u> </u>							
	SECTI	OND	LUIVII		952920		110111	CNIDE	M (EII)	,							
		SECTION	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	NGER	IN BUS	INESS				
SE	CTION	F-FE	DERA	L CONT	TRACT	OR DE	SIGNA	TION (if applic	able)							
		Un	ique Er	ntity ID (<u>UEI)</u> :	Not App	licable										
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	ıl Contra	ctor)	YES (Multi-Es	tablishn	nent Em	ployer is	s Federa	l Contra	ctor)				
YES (I	Ieadaua	rters is l	Federal	Contrac	tor)	YES (N	Ion-Hea	dauarter	s Establ	ishment	is Feder	ral Contr	ractor)				
(-	1			ne or Mo									,				
				ON G - I					iments i	s reuera	u Conu	actor)					
	423			ehicle P					esalers								
	SE	ECTION	V — H /	VORKF	ORCE												
	Race/Ethnicity																
		oanic atino			M	Not Hispanic or Latino Male							Female				
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				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>	ø	vfric San	_	aiis	ndi ati	e R	ø	o Jeri	_	aiig	ndig lati	e R	Total		
	Male	Female	White	or A eric	Asian	la w	a la	Nor	White	Black or	Asian	la w	a F	Nor			
	_	F.	>	ck or Afric American	⋖	Pac	nerican Indian Alaska Native	or I	>	Bla	⋖	e H	nerican Indian Alaska Native	o.			
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Evenutive/Conject and Officials and Managers	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	1	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 Sales Workers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	3		
Administrative Support Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1		
Craft Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2		
Operatives Laborers and Helpers	0	0	5	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 2024 REPORTING YEAR TOTAL	4	0	8	0	0	0	0	0	1	0	0	0	0	0	13		

SECTION I – WORKFORCE SNAPSHOT PERIOD

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12082024 - 12212024

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

No Comment

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

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2024 EMPLOYER IN	FURM	AHO	NKEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat		
						E OF RI LEVEL I		RT			•				
		SECT	TION E	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N			_				
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					N/	SHVIL	LE			TN		3701	13
SECTION C - H	EADOL	ARTE	RS OR	ESTAB	RLISHN	AENT-I	EVEL	IDENT	IFICA'	TION (it	f annlica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	LilbQC	TIKIL.	NO OK			UARTE						ioic)			
EB30996								as City							
HEADQUARTERS OR ESTABLISHM	ENTE LEV	/EL ADE	DECC					TY/TOW				STATE		ZIP CC	DE
~		EL ADL	JKESS												
555 Riverpar	K Drive						KAI	NSAS C	ЛΙΥ			KS		6610	J5
				9	952920)					
X YES (Employer Is Eligible		-	-		_	FILING	_			NO LOI	NGER I	IN BUSI	INESS		
	Unique Entity ID (UEI): Not Applicable														
SE	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)														
VEC (Cincle Fetablishm	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)														
_	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)														
YES (I	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
		\square Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	establish	ments i	s Federa	l Contra	actor)			
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	4231					Ised) M			salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						
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		anic					Not	Hispan	ic or L	atino.					
	or La	atino			M	ale	1	1			Fen	nale			
				_		Native Hawaiian or Other Pacific Islander	or	ses		n		Native Hawaiian or Other Pacific Islander	or	es	
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 CATEGORIES	o o	Female	ē	ck or Afric American	⊆	vaii	nd at	ē	ā	Black or an Amer	⊆	vaii	ndj Iat	re F	Total
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				ш		울동	Ā	≥		⋖		울	Ā	≥	
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	5	0	0	0	0	0	0	0	0	0	0	0	6
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	5	1	13	4	0	0	0	3	1	0	0	0	0	0	27
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	3	0	3	2	0	0	0	0	1	0	0	0	0	0	9
Laborers and Helpers Service Workers	0	0	4 0	0	21 0	0	0	0	0	0	0	0	0	0	33 0
CURRENT 2024 REPORTING YEAR TOTAL	12	2	26	8	21	1	0	3	4	1	0	0	0	0	78
CORRENT 2024 REPURTING TEAR TOTAL	12		20	ō	21	<u> </u>	U	3	4	<u> </u>	U	U	U	U	10

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLO 2024 EMPLOYER IN										ЛВ Со	ontrol N	d 08/2023 umber: 30 ate: 11/30	046-0049
		SECTION ESTABLIS		-	-								
	SECT	TION B - E											
OFS COMPANY ID	SECI	ION D	VII LOII	ZK IDD:		OYER N							
AC16425			1	Nashville	TN - C	ORPO	RATE O	FFICE					
ADDRESS					С	ITY/TOV	WN		STA	ATE		ZIP CO	ODE
5846 Crossings	Boulevard				N	ASHVIL	LE		Т	ΓN		370	13
SECTION C - H	IEADQUARTE	RS OR EST)			
HQ/ESTABLISHMENT-LEVEL UNIT ID			HEAD	QUARTE		STABLIS Ileigh N		LEVEL NA	AME				
EB31005													
HEADQUARTERS OR ESTABLISHN					STA			ZIP CO	ODE				
1000 Garner Business	Park Dr, Suite 1	100			N	1C		275	29				
	SECTION D -	EMPLOY	ER IDEN 95292		TION N	NUMBE	ER (EIN)						
	SECTION	ON E – EM	PLOYER	FILING	G ELIG	IBILIT	Y						
X YES (Employer Is Eligib	le to File) 🔲 NO	(Employer	s Not Eli	gible to F	ile) 🔲	EMPL	OYER N	O LONG	ER IN E	BUSI	INESS		
SE	ECTION F – FEI Un	DERAL CO ique Entity I					(if applica	ble)					
☐ YES (Single-Establish	ment Employer is	Federal Con	tractor)	YES (Multi-Es	stablishn	nent Emp	loyer is Fe	ederal Co	ontra	ctor)		
☐ YES (Headquarters is l	Federal Cont	ractor)	YES (N	Non-Hea	dquarter	rs Establis	shment is I	Federal C	Contr	actor)		
	□ Y	ES (One or	More No	n-Headq	uarters I	Establish	hments is	Federal C	Contractor	r)			
	423140 - M	ECTION Gotor Vehicle					esalers						
	SECTION	H – WOR	KFORCI	E DEMO	GRAPI	HIC DA	ΛTA						
					Race/E								
	Hispanic				Not	Hispar	nic or La	tino					_
	or Latino			Male	ı		1		Female	е		т —	-
		l le		nder nder	or e	seo		ä	٥٥	nder	e or	seo	

							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	4	0	0	0	0	0	2	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	1	0	12	0	0	0	0	1	4	1	0	0	0	0	19
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	7	0	0	0	1	0	0	0	0	0	0	13
Laborers and Helpers	0	0	0	4	0	0	0	2	1	0	0	0	0	0	7
Service Workers	0	2	0	0	0	0	0	0	2	2	0	0	0	1	7
CURRENT 2024 REPORTING YEAR TOTAL	1	2	22	11	0	0	0	4	9	3	0	0	0	1	53
PRIOR 2023 REPORTING YEAR TOTAL	1	1	21	12	0	0	0	3	15	2	0	0	0	1	56

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

SECTION A - TYPE OF REPORT															
	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID AC16425 ADDRESS CITY/TOWN STATE IN 37013 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Dothan AL HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE EB31023 Dothan AL HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 2700 Reeves Street DOTHAN AL 36303 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E - EMPLOYER FILING ELIGIBILITY YES (Employer Is Eligible to File) DNO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UED: Not Applicable) VES (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) VES (One or More Non-Headquarters Establishment is Federal Contractor) HYES (One or More Non-Headquarters Establishment is Federal Contractor) MYES (One or More Non-Headquarters Establishment is Federal Contractor) MYES (One or More Non-Headquarters Establishment is Federal Contractor) MYES (One or More Non-Headquarters Establishment is Federal Contractor) MYES (One or More Non-Headquarters Establishment is Federal Contractor) MYES (One or More Non-Headquarters Establishment is Federal Contractor) MYES (One or More Non-Headquarters Establishment is Federal Contractor) MYES (One or More Non-Headquarters Establishment is Federal Contractor) MYES (One or More Non-Headquarters Establishment is Federal Contractor) MYES (One or More Non-Headquarters Establishment is Federal Contractor) MYES (One or More Non-Headquarters Establishment is Federal Contractor) MYES (One or More Non-Headquarters Establishment is Federal Contractor) MYES (One or More Non-Headquarters Establishment is Federal Contractor) MYES (One or More Non-Headquarters Establishment is Federal Contracto														
OES COMPANY ID		SECT	TION E	<u> </u>	LOYE	R IDEN			ΙΔMF						
					N	lashville				OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CO	DE
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			RS OR	ESTAP	RLISHN	/ENT-I				TION (i	fannlica				
	IL:IDQC	<i></i>	us or	Lomi								2010)			
EB31023							Do	othan A	L						
HEADQUARTERS OR ESTABLISH	MENT-LEV	VEL ADI	DRESS				C	TY/TOV	VN			STATE		ZIP CC	DE
2700 Reeve	s Street							OTHA	N			AL		3630)3
	SECTI	ION D -	EMPI				TION N	UMBE	R (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 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)															
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 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 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)															
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															
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)															
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JOB CATEGORIES		ω		rica		ıiiar Isla	diar	Ra		or eric	_	iiiar Isla	diar	Ra	Row Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0		0	0	0
	_		_											0	0
Sales Workers								_			_			0	2
Administrative Support Workers	0	0	0	0		0		0	0	0		0		0	0
Craft Workers											_			0	0
Operatives														0	0
			_	_		_						_		0	0
														0	3
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PRIOR 2023 REPORTING YEAR TOTA		0	3	1	0	0	0	0	0	0	0	0	0	0	4
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SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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

2024 EMPLOYER IN	FORM	AHO	NKEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat		
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				B – EMP											
OFS COMPANY ID		SECI	ION	- ENIF	LOIL	KIDEN		OYER N	AME						
AC16425					N	ashville				OFFICE	:				
												~~.~~		=======================================	
ADDRESS								TY/TOW				STATE		ZIP CO	
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME				
EB31032							Lub	bock T	X						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
1411 South Lo	oop 289						LU	JBBOC	K			TX		7942	23
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)					
		SECTIO	ON E -	·EMPL	052920 OYER		ELIGI	BILIT	Y						
X YES (Employer Is Eligible	e to File)	□NO	(Empl	oyer Is N	lot Eligi	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUS	INESS		
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
				tity ID (`	11	,					
YES (Single-Establishn	nent Emp	lover is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	plover is	Federa	l Contra	ctor)		
- - · ·	•	•													
☐ YES (I	Headqua							-					actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
	400	S	ECTIO	ON G - N ehicle P	NAICS	INFOR	MATIO	N	001010						
	423 SE	CTION	VH – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
							Race/E		•						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale				1	Fen	nale	1		
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				⊆		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		ian Slaı	American Indian or Alaska Native	Ra		Black or African American		ian	nerican Indian Alaska Native	Ra	Row
OD ON LOOMES	<u>0</u>	Female	te	ck or Afric American	ш	vai c Is	Ind	ē	ţ.	Black or an Amer	Ę.	vai c Is	Ind	ē	Total
	Male	Ĕ	White	or,	Asian	da Cifi	an I	9	White	ack	Asian	da da	an I	9	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Professionals Technicians	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians Sales Workers	3	0	2	0 4	0	0	0	0	0	0	1	0	1	0	0 11
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	4	0	8	3	0	0	0	2	0	0	0	0	0	0	17
Laborers and Helpers	4	0	0	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 2024 REPORTING YEAR TOTAL	11	1	15	9	0	0	0	3	1	0	1	0	1	0	42
PRIOR 2023 REPORTING YEAR TOTAL	10	1	16	6	0	0	0	3	3	0	0	0	1	0	40

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	NASHVILLE TN 37013														
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		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID															
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
	EADQU	ARTE	RS OR									ıble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
EB31041							Ches	apeake	· VA						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	DRESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
5415 W Milta	ry Hwy						CHE	SAPE	AKE			VA		2332	21
	SECTI	ON D -	EMPI				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) Unique Entity ID (UEI): Not Applicable														
X YES (Employer Is Eligible	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)														
SE	sible 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)														
_	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	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 (I	Unique Entity ID (UEI): Not Applicable chment 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) G (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	lsed) Mo	erchant	Whole	salers						
	SE	CTION	V H – V	VORKF	ORCE										1
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	Of La	atino			IVI	ale					ren	naie			
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JOB CATEGORIES	1			rica		iiar	liar	Ra		_ : <u>:</u>		iiar	liar	Ra	_
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Executive/Senior Level Officials and Managers	0	0	0	n	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	_				_										
Sales Workers Administrative Support Workers					_										
Craft Workers			_				_								
Operatives															
Laborers and Helpers			0				0					0			
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	6	_			6	6	_	6	6		6	-	6	-	
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
			SECT	TION A	– TYPI	E OF R	EPORT	1							
			ESTA	BLISH	ΛΕΝΤ-Ι	LEVEL	REPOR	RT							
		SECT	ION F	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE			TN		370°	13
SECTION C - HI	EADOL	ARTE	RS OR	ESTAB	LISHN	/ENT-I	EVEL	IDENT	TFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
EB31061							Man	hattan	KS						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
809 Levee Drive							MA	NHATI	TAN			KS		6650	02
	•		. FMPI	LOYER	IDENT	rifica'				<u> </u>					
	SECTI	ON D -	- IZIVII I		952920		HONN	CNIDE	K (EH)	,					
	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														
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SEC	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														
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
☐ YES (Single-Establishm	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														
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				ne or Mo					ments i	s Federa	al Contra	actor)			
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	or L	atino			М	ale					Fer	nale]
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				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	or More Races	Row
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Executive/Senior Level Officials and Managers	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	0	0	0	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	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 2024 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

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

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-	1 COM	PONE	NT 1)					ation Dat		
						E OF RI					I				
		~-~~				LEVEL									
OFS COMPANY ID		SECT	TON E	<u> – EMP</u>	LOYE	R IDEN		ATION OYER N	AME						
AC16425					N	lachvilla				OFFICE					
					IN	astiville				OFFICE					
ADDRESS								TY/TOV				STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ıble)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME				
EB31072							Wi	chita K	S						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOV	/N			STATE		ZIP CO	DE
3002 W Pawnee								VICHIT				KS		6721	
5552 W William			ELEDI	OVED	IDENT	PYEYGA				`				0, 2	
				9	952920)					
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X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LON	NGER I	N BUS	INESS		
SE	CTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA	TION (if applic	able)					
		Uni	ique En	tity ID (UEI):	Not App	licable								
☐ YES (Single-Establishm	nent Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	Contra	ctor)		
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YES (I	1eadquai							_					actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
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JOB CATEGORIES		4		Black or African American		iiar sla	diar	Ra		Black or African American		iiar sla	nerican Indian Alaska Native	Ra	Row
	<u>e</u>	Female	White	ck or Afric American	Asian	ic I	Inc Na	re	White	Black or	Asian	waic	Inc Na	<u>e</u>	Total
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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	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	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	0	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	0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	15	1	0	0	0	2	3	0	0	0	0	0	22
CORRENT 2024 REPORTING TEAR TOTAL	<u>'</u>	U	15	ļ	U	U	U		3	U	U	U	U	U	22
PRIOR 2023 REPORTING YEAR TOTAL	2	0	13	1	0	0	0	2	3	0	0	0	0	0	21
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO	N KEI	POKI (EEO-	COM	PONE	N1 1)					ation Dat		
			SECT	TION A	- TYP	E OF R	EPORT								
			ESTA	BLISH	/ENT-	LEVEL	REPOR	RT							
		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		370°	13
SECTION C - H	EADOL	ARTE	RS OR	FSTAB	LISHN	AENT-I	EVEL	IDENT	TFICA'	TION (i	f applies	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	Lilbye	<i>7</i> 111111	NO OI	LOTTE	HEAD(UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME	шоге			
EB31083							Lik	oeral K	S						
HEADQUARTERS OR ESTABLISHM	ENT I EX	/EL ADD	DECC					TY/TOV				STATE		ZIP CC	DE
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				- EMPL											
X YES (Employer Is Eligible	e to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER 1	IN BUS	INESS		
SE	CTION			L CONT				TION (if applic	able)					
		Uni	ique Er	tity ID (UEI):	Not App	olicable								
☐ YES (Single-Establishm	nent Emp	oloyer is	Federa	l Contra	ctor)	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (I	Headaua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	dauarter	s Establ	ishment	is Feder	ral Contr	actor)		
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JOB CATEGORIES		<u>o</u>	ø	vfri	u	aiii S Isl	ndi:	9 20	Ð	o Je	_	aiii s	ndi. Iati	e E	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	3	0	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
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 2024 REPORTING YEAR TOTAL	3	1	1	0	0	0	0	0	1	0	0	0	0	0	6
PRIOR 2023 REPORTING YEAR TOTAL	4	2	1	0	0	0	0	0	1	0	0	0	0	0	8

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER	INFORMATION REPORT (EF	CO-1 COMPONENT 1)		ol Number: 3046-0049 n Date: 11/30/2026										
		TYPE OF REPORT												
		NT-LEVEL REPORT												
OFS COMPANY ID	SECTION B – EMPLO	OYER IDENTIFICATION EMPLOYER NAME												
AC16425		Nashville TN - CORPORATE OFFICE												
ADDRES	ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard NASHVILLE TN 37013 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)													
5846 Crossings Boulevard NASHVILLE TN 37013 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)														
SECTION C -	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														
EB31106		Escanaba MI												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE										
2700 29Th	Avenue N	ESCANABA	MI	49829										
		ENTIFICATION NUMBER (EIN)												
		ER FILING ELIGIBILITY												
X YES (Employer Is Elig		Eligible to File) EMPLOYER NO LONGE	R IN BUSINF	ess										
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable)												
☐ YES (Single-Establi		The representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of the representation of	eral Contractor	·)										
		☐ YES (Non-Headquarters Establishment is Fe												
	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

							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	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	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	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	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 2024 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	3	0	0	0	0	0	8
PRIOR 2023 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	3	0	0	0	0	0	8

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

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

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

ZIP CODE

49508

SECTION A - TYPE OF REPORT

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

AC16425 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** TN 37013

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 1120 36th St SE, Ste 540 **GRAND RAPIDS** MI

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

SECTION E - EMPLOYER FILING ELIGIBILITY

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

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): Not Applicable

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

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

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

EMPLOYER NAME

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	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	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	7	0	0	0	0	0	2	0	0	0	0	0	9
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	8	0	0	0	0	0	4	0	0	0	0	0	12
PRIOR 2023 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	6	1	0	0	0	0	13

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 1221202

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

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

SECTION 1 - TYPE OF REPORT SECTION B - EMPLOYER IDENTIFICATION SECTION B - EMPLOYER IDENTIFICATION SECTION B - EMPLOYER IDENTIFICATION STATE TOTAL SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (it applicable) SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (it applicable) HOESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonvil	2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 COM	PONE	NT 1)					ation Dat			
ORS COMPANY ID AC16425 Nashville TN - CORPORATE OFFICE EAPH OYER (DENTIFICATION STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE TOTAL STATE STATE TOTAL STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STAT												I					
AC16425 Nashville TN- CORPORATE OFFICE																	
AC16425	OES COMPANY ID		SECT	TON E	<u> – EMP</u>	LOYE	R IDEN			AME							
SECTION F - HEADQUARTERS OR ESTABLISHMENT-LEVEL INTERNATION (if applicable)						N	lashville				OFFICE						
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL ANME HEADQUARTERS OR ESTABLISHMENT-LEVEL ANME HEADQUARTERS OR ESTABLISHMENT-LEVEL ANME B31124 Jacksonville FL						- ' '	astivillo				OFFICE						
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																	
HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Jacksonville FL	5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13	
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HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS	HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI	RS OR ES	TABLIS	SHMEN	Γ-LEVEL	NAME					
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)	EB31124							Jacks	sonville	FL							
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557	HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE	
SECTION E - EMPLOYER FILING ELIGIBILITY	4101-1 Bulls Ba	y Highw	ay					JAC	SONV	'ILLE			FL		3221	19	
SECTION E - EMPLOYER FILING ELIGIBILITY YES (Employer Is Eligible to File) Not 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 (Multi-Establishment 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) 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 Headquarters Establishment is Federal Contractor) YES		SECTI	ON D -	EMP				TION N	UMBE	R (EIN)						
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SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Hispanic or Latino Male Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Fema	☐ YES (I	Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)															
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SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Hispanic or Latino Male Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Female Femal																	
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CURRENT 2024 REPORTING YEAR TOTAL 2 0 16 13 1 0 0 0 3 2 0 0 0 0 37	,																
	Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PRIOR 2023 REPORTING YEAR TOTAL 2 0 18 13 0 0 0 0 3 2 0 0 0 3 8	CURRENT 2024 REPORTING YEAR TOTAL	2	0	16	13	1	0	0	0	3	2	0	0	0	0	37	
	PRIOR 2023 REPORTING YEAR TOTAL	2	0	18	13	0	0	0	0	3	2	0	0	0	0	38	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

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

37013

TN

SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425

ADDRESS

EMPLOYER NAME

Nashville TN - CORPORATE OFFICE

ADDRESS

CITY/TOWN
STATE
ZIP CODE

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

EB31142 Des Moines IA NECO

5846 Crossings Boulevard

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN STATE ZIP CODE
810 SE Corporate Woods Dr, Suite 120 ANKENY IA 50021

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

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)

NASHVILLE

SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	Race/Ethnicity Hispanic Not Hispanic or Latino														
	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	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	9	1	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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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 2024 REPORTING YEAR TOTAL	2	0	14	2	0	0	0	0	0	0	0	0	0	0	18
PRIOR 2023 REPORTING YEAR TOTAL	2	0	14	2	0	0	0	1	0	0	0	0	0	0	19

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	CR INFORMATION REPORT (EEO-1 COMPONENT 1) OMB Control Expiration														
			SEC	ΓΙΟΝ A	– TYP	E OF R	EPORT				ı				
				BLISH											
OFF COLUMN IN THE		SEC	TON I	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID								.OYER N			_				
AC16425					N	lashville	e TN - C	ORPO	RATE	OFFICE	=				
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE.			TN		370°	13
SECTION C - H	EADQU	ARTE	RS OR	ESTAP	BLISHN	MENT-I	LEVEL	IDENT	TFICA	TION (i	if applic	able)	,		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE:	RS OR E	STABLIS	SHMEN	T-LEVEI	NAME				
EB31151							PI	over W	/						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
3100 Patton							F	PLOVE	R			WI		5440	
	GE CEL	OND	EMD	LOVED	IDEN	DIEICA	TIONIN	HIMDE	D (ED)	T).					
	SECTI	ON D -	- EMP	LOYER	952920		TION	NUMBE	K (EIN	1)					
		SECTI	ON F -	- EMPL			FLIC	IBII IT	v						
X YES (Employer Is Eligible										NO LO	NCED	INI DIIC	TATECC		
				-							NGEK.	IN BUS.	INESS		
SE	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
_	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm	ment Employer is Federal Contractor)														
TYES (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)														
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				ON G -					iments i	is redera	ai Conu	actor)			
	423			ehicle F					salers						
				VORKE											
	1						Race/E								
	Hisr	anic						Hispar	•	atino					
		atino			M	lale			1		Fer	nale			
						Native Hawaiian or Other Pacific Islander	>	တ္ဆ		_		r g	≿	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	or More Races	Row
JOB CATEGORIES		o)		in E		iiia Isla	di dia	25		eric S		ijia	nerican Indian Alaska Native	ě	Total
	Male	Female	White	ck or Afric American	Asian	×a	ž ž	e e	White	Black or	Asian	_ં કુ	ĕ ĕ	- P	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	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	2	0	0	0	0	0	1	0	0	0	0	0	3
Operatives	U	U	2	U	U	U	U	U	1	U	U	U	U	U	3

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

Laborers and Helpers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

Service Workers

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

2024 EMPLOYER IN	FORM	ATIO	N REI			ontrol Nu ation Dat									
				TON A				rT				1			
		SECT	TON E	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					N	asnville				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CC	
5846 Crossings B	3ouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C - HI	EADQU	ARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME				
EB31160								ngfield							
HEADQUARTERS OR ESTABLISHME			RESS					TY/TOW				STATE		ZIP CC	
2840 Old Roches	ster Roa	ad					SPF	RINGFI	ELD			IL		6270	03
	SECTI	ON D -	EMPI		IDENT 952920		TION N	UMBE	R (EIN)					
		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	IN BUS	INESS		
SEC	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
		Uni	ique En	tity ID (UEI):	Not App	licable								
☐ YES (Single-Establishm	nent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
T YES (F	Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
L (-	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	•														
	4231	اد 140 - M	otor V	ehicle P	arts (U	INFOR	erchant	Whole	salers						
				VORKF											
							Race/E								
	Hisp					-1-	Not	Hispan	ic or L	atino					
	or La	atino		1	IVI	ale					Fen	nale			
				-		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		iian slaı	American Indian or Alaska Native	Ra		Black or African American		iian slaı	American Indian or Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	wa	Inc Na	ore	White	Black or	Asian	wa	Inc	ore	Total
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				B		Native Hawaiian or Other Pacific Islande	Am ,	Ň		Af		Native Hawaiian Other Pacific Islan	Am ,	Ň	
						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
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 Operatives	0	0	0	0	0	0	0	0	0	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 2024 REPORTING YEAR TOTAL	0	0	7	1	0	0	0	0	0	0	0	0	0	0	8
PRIOR 2023 REPORTING YEAR TOTAL	0	0	5	2	0	0	0	0	0	0	0	0	0	0	7

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT													e: 11/30/	
				TION A		-	-	?T							
		SECT		B – EMP											
OFS COMPANY ID		SECI	1011	- ENII	LOIL	KIDEN		OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/NI			STATE		ZIP CC	DE
5846 Crossings I								SHVIL				TN		370′	13
SECTION C - HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
EB31171							North C	harlest	on SC						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
4550 Rivers A	venue					N	IORTH	CHARI	LESTO	N		SC		2940)5
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPL			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		
				L CONT											
52	011011			tity ID (пррпс	4010)					
□ VFS (Single-Establishm	nent Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
	(Headquarters is Federal Contractor)														
☐ YES (F	· ·														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
				ehicle P											
	SE	CTION	N H – V	VORKF	ORCE										
							Race/E		•						
	Hisp						Not	Hispan	ic or L	atino					
	or La	atino		1	M	ale	1			1	Fen	nale			
						. 5						. 5			
				⊊		Native Hawaiian or Other Pacific Islander	o o	Two or More Races		an		Native Hawaiian or Other Pacific Islander	, o	Two or More Races	
JOB CATEGORIES				Black or African American		iar	American Indian or Alaska Native	Ra		Black or African American		iar	American Indian Alaska Native	Ra	Row
002 0/1120011120	<u>e</u>	Female	te	ck or Afric American	an an	vai C Is	Ind Nai	re	ţ	Black or	E .	vai c l	Ind	<u>r</u> e	Total
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		ı,	>	A P	٩	Pa	rica as l	or	>	Bl	٩	Pa	rica	or	
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				ш		꿀듕	Ā	_≥		•		P	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	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 Laborers and Helpers	0	0	3 1	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 2024 REPORTING YEAR TOTAL	1	0	8	2	0	0	0	0	3	0	0	0	0	0	14
COMMENT 2024 NEI ONTING TEAR TOTAL	<u>'</u>	J	U		J	J	J	J	J	U	J	U	U	J	17
PRIOR 2023 REPORTING YEAR TOTAL	1	0	4	1	0	0	0	0	4	0	0	0	0	0	10

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT	(EEO-	1 COM	PONE	NT 1)					Control Nu ration Da		
			SECT	TION A	- TYP	E OF R	EPORT	,							
						LEVEL									
		SECT	TION F	B – EMI	PLOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID								OYER N	IAME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE	=				
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CO	DDE
5846 Crossings I								ASHVIL				TN		370	13
SECTION C - HI	EADQU	JARTE	RS OR	ESTAI	BLISH	MENT-I	LEVEL	IDENT	TFICA'	ΓΙΟΝ (i	if applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD(QUARTE				Γ-LEVEL	NAME				
EB31182								vaukee							
HEADQUARTERS OR ESTABLISHMI			DRESS					ITY/TOV				STATE		ZIP CO	
4410 N 132nd S	t, Suite	Α					E	BUTLE	R			WI		530	07
	SECTI	ON D -	-EMPl			TIFICA	TION N	NUMBE	ER (EIN)	•				
		CECTI	ONE		952920		FILE	IDII IT	1 7						
X YES (Employer Is Eligible	SECTION E – EMPLOYER FILING ELIGIBILITY to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
SEG	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
			_	-		Not App									
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	ıl Contra	ctor)	YES (Multi-Es	stablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
YES (F	Ieadqua	rters is	Federal	Contrac	ctor)	YES (N	Non-Hea	dquarter	s Establ	ishment	is Feder	al Conti	ractor)		
		□ Y	ES (O	ne or M	ore Nor	n-Headqı	uarters E	Establish	nments i	s Federa	al Contra	actor)			
	400					INFOR			ooloro						
						Jsed) M DEMO									
	J.L	201101	111 /	TORIN	ORCL		Race/E								
	Hisp	anic						Hispar	•	atino					
	or La	atino			IV	lale					Fer	nale			
	Male Female White Black or African Asian Asian Native Hawaiian or Other Pacific Islander American Indian or Alaska Native White Black or Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian														
JOB CATEGORIES	Male Female White Black or African American Asian Native Hawaiian or Alaska Native Alaska Native Two or More Races White Black or Asian Asian Asian												American Indian or Alaska Native	Rac	Row
JOB GATEGORIES	<u>o</u>	ale	te	Afr	Ę	wai c Is	lad Par	ē	Total						
	Male	Female	White	ck or Afric American	Asian	Ha Cifi	an ka	Mo	White	Black or an Amer	Asian	Native Hawaiian or other Pacific Islande	an	₽	
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Franchisco (Coming Lovel Officials and Management	—	<u> </u>	_	—	-	+	—		—	—	—		+ •	<u> </u>	

		anıc					Not	Hispan	iic 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	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	2	0	0	0	0	0	2
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	0	0	6	2	0	0	0	0	3	0	0	0	0	0	11
Laborers and Helpers	0	0	1	4	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 2024 REPORTING YEAR TOTAL	0	0	10	6	0	0	0	0	6	1	0	0	0	0	23
PRIOR 2023 REPORTING YEAR TOTAL	0	0	11	8	0	0	0	1	1	0	0	0	0	0	21

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

EEOC Standard Form 100 (SF 100)

	U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT													
			-	– TYPE MENT-L	-	-				,				
	QT.													
OFS COMPANY ID	SE	CTION B	– EMI	LOYE	R IDEN		OYER N	AME						
AC16425				Na	ashville				OFFICE					
ADDRESS						C	TY/TOW	VN			STATE		ZIP CO	DDE
5846 Crossings	Boulevard					N/	SHVIL	LE			TN		370	13
SECTION C - I	IEADQUAR'	ERS OR I	ESTAE								ble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID				HEADQ	UARTE				-LEVEL	NAME				
EB31193						St.	Cloud N	ΛN						
HEADQUARTERS OR ESTABLISHM	IENT-LEVEL A	DDRESS				STATE		ZIP CO	DDE					
2789 Clearwater	Rd Suite B			MN		563	01							
	SECTION	O – EMPL		IDENT 952920		TION N	UMBE	R (EIN)	•		•		
	SEC	ΓΙΟΝ E – I	EMPL	OYER I	FILING	ELIG	BILITY	Y						
X YES (Employer Is Eligib	le to File) 🔲 l	O (Employ	yer Is N	Not Eligi	ble to F	ile) 🔲	EMPL	OYER I	NO LOI	NGER I	N BUS	INESS		
SI	ECTION F - 1	EDERAL Unique Enti					TION (i	if applic	able)					
☐ YES (Single-Establish:	ment Employe	is Federal	Contra	ctor)	YES (Multi-Es	tablishn	nent Em	ployer is	Federal	Contra	ctor)		
☐ YES	Headquarters	is Federal (Contrac	tor)	YES (N	Ion-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		YES (One	e or Mo	ore Non-	Headqı	arters E	Establish	ments i	s Federa	ıl Contra	ctor)			
	423140	SECTION Motor Ve						salers						
		ON H – W												
						Race/E		<u>, </u>						
	Hispanio			M	ale	Not	Hispan	ic or L	atino	Fan	ala.			_
	or Latino	<u> </u>		IVI	aie					Fen	iale	l		-
			an		n or inder	n or e	seol		an		n or ınder	n or	seo	

	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	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	7	0	0	0	0	0	0	0	0	0	0	0	7
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	1	0	0	0	0	0	0	0	0	0	0	0	1
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 2024 REPORTING YEAR TOTAL	0	0	12	0	0	0	0	0	1	0	0	0	0	0	13
PRIOR 2023 REPORTING YEAR TOTAL	0	0	12	0	0	0	0	1	1	0	0	0	0	0	14

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	OKM	AHO	NKEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat		
			SECT	TION A	- TYP	E OF R	EPORT				ı				
			ESTA	BLISH	∕IENT-I	LEVEL	REPOR	RΤ							
		SECT	ION B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					N	asnville				OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DE
5846 Crossings I	Bouleva	ard					N.A	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	LEVEL	IDENT	IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
EB31207							Gree	enville :	SC						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DE
1136 White Hor	se Roa	d					GR	EENVI	LLE			SC		2960)5
	SECTI	ON D -	EMPI	LOYER	IDEN	TIFICA'	TION N	UMBE	R (EIN	D					
					952920				(.,					
	5	SECTIO	ON E -	EMPL	OYER	FILING	G ELIGI	BILIT	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Vot Elig	ible to F	ïle)	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SEC	CTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA'	TION (if applic	able)					
		Uni	que En	tity ID (UEI):	Not App	olicable								
☐ 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 (F	(Headquarters is Federal Contractor)														
1 22 (1	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	423			ehicle P					salers						
				VORKF											
							Race/E		•						
		anic					Not	Hispan	ic or L	.atino					
	or La	atino			IV	lale	1			1	Fer	nale			
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				au		o u	e 0	ce		ä		o u	n or e	ice	
JOB CATEGORIES				ric an		iial	it ga	Ra		r iżi		iial	dia	Ra	Row Total
	Male	Jak	White	riçî	Asian	ic	ĕ ĕ	ore	White	l k	Asian	ic	Na Na	ore	Total
	Ĕ	Female	≶	ck or Afric American	As	aci H	Ska	Š	₹	Black or	As	aci Ha	can	Ě	
		_		Black or African American		i e	nerican Indian Alaska Native	0		Black or African American		j Š	nerican Indian Alaska Native	100	
				՝		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Æ		Native Hawaiian or Other Pacific Islander	American Indian Alaska Native	Two or More Races	
						- 6		•				- 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	2
Professionals 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 Operatives	0	0	0 5	0 4	0	0	0	0	0	0	0	0	0	0	0 11
Laborers and Helpers	2	0	1	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 2024 REPORTING YEAR TOTAL	3	0	13	4	0	0	0	0	3	0	0	0	0	0	23
PRIOR 2023 REPORTING YEAR TOTAL	3	0	14	5	0	0	0	0	2	0	0	0	0	0	24

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FURM	AHO	N KEI	OKI (EEO-	COM	PONE	N1 1)					ration Dat		
				TON A				T.			l				
		SECT		B – EMP											
OFS COMPANY ID		SECI	IONI	- ENII	LOIL	KIDEN		OYER N	AME						
AC16425					N	ashville				OFFICE	:				
												~	_		
ADDRESS								TY/TOW				STATE		ZIP CC	
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C - H	EADQU	ARTEI	RS OR									able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME				
EB31216							St. I	_ouis N	10						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
1601 Tradeport D								ZELWC				MO		6304	
1001 11440\$0112	•		EMPI	LOYER	IDENT	TIFICA')					_
				9	952920	557									
V vec en la vec en				EMPLO						NO FO	JOEP :	INT IDETO	DIEGG		
X YES (Employer Is Eligible				-							NGER I	IN BUS	INESS		
SE	CTION			L CONT				ΓΙΟΝ (i	if applic	able)					
	· ·														
☐ YES (Single-Establishm	lishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) ES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
□ VES (I	CS (Headquarters is Federal Contractor)														
	· ·														
	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	400	S	ECTIO)N G - 1	NAICS	INFOR	MATIO	N							
	423	140 - M	otor V	ehicle P VORKF	arts (U	Ised) M	erchant	Whole	salers						
	SE	CHON	H – V	VORKE	OKCE										1
			1				Race/E		•	- 11					
		anic atino			M	ale	Not	Hispan	IC Or L	atino	Fon	nale			
	OI L	auno			IVI	ale				1	rei	liale			
						- <u>-</u>	_	S				- <u>-</u> -	_	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 Islande	American Indian or Alaska Native	Two or More Races	_
JOB CATEGORIES		a		Black or African American		iiai	nerican Indian Alaska Native	æ		r eric		iiai	nerican Indian Alaska Native	å	Row
	Male	Female	White	ck or Afric American	Asian	اد ا	n Na	J.	White	Black or an Amer	Asian	wa ic I	Na Na	ore	Total
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		ш	_	A P		e g	ric as	ō	_	Gal Cal	_	e e	aric as	ō	
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										<u> </u>					
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0 4	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	1	7	1	0	0	0	0	3	0	0	0	0	1	13
Administrative Support Workers	0	1	0	0	0	0	0	0	1	0	0	0	0	0	2
Craft Workers Operatives	1	0	0 22	0 10	0	0	0	0	0	0	0	0	0	0	0 33
Laborers and Helpers	1	0	1	6	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 2024 REPORTING YEAR TOTAL	2	2	34	17	0	0	0	0	4	0	0	0	0	1	60
PRIOR 2023 REPORTING YEAR TOTAL	2	2	30	15	0	0	0	1	5	0	0	0	0	1	56

SECTION I – WORKFORCE SNAPSHOT PERIOD

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

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
				-		E OF RI LEVEL	-								
		SECT	TON F	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE			TN		370°	13
SECTION C - H	EADOI	IARTE	RS OR	ESTAP	RLISHN	MENT-I	EVEL	IDENT	TFICA'	TION (i	f annlica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	LaibQt	<u> </u>	NO OIL							Γ-LEVEL		1010)			
EB31225						Fri	dley Mi	N - MW	Divisio	on					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	VEL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
60 51st Wa								RIDLE				MN		554	
		ION D -	EMP			ΓΙΓΙCA)					
		CECTI	ONE		952920	FILING	TELICI	IDII ITI	L 7						
V VEC (E		-			-		_			NO LO	ACED I	INI DI ICI	NIEGO		
YES (Employer Is Eligibl				-							NGEK I	IN BUSI	INESS		
SE	CTION					OR DE Not App			if applic	able)					
—	_		_	•											
☐ YES (Single-Establishm	nent Emp	ployer is	Federa	l Contra	ctor)	J YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	I Contra	ctor)		
☐ YES ((Headquarters is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	· · · · · · · · · · · · · · · · · · ·														
		4 - Cor	porate	, Subsic	diary, a	nd Regi	ional M	anaging		es					
	SI	ECTION	V H – V	VORKE	ORCE	DEMO									
							Race/E								
		panic				lala	Not	Hispan	ic or L	atino.	F				
	or L	atino		l	IV.	lale				1	Fer	nale			
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				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	n or	Two or More Races	
JOB CATEGORIES		σ		Black or African American	_	ija Isla	nerican Indian Alaska Native	88		eri o	_	ija Isla	American Indian Alaska Native	R	Row Total
	Male	Female	White	ck or Afric American	Asian	I Wa	i i	ore	White	Black or	Asian	is a	i i	ore	Total
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Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	11
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
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
PRIOR 2023 REPORTING YEAR TOTAL		0	4	0	0	0	0	0	0	0	0	0	0	0	4
· · · · · · · · · · · · · · · · · · ·		CECTI	ATT	TUODIZ	EODO	CALAD	CITATI	DEDIA	_						

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
				TION A BLISHN				rT							
		SECT	TON E	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C - H	EADOU	JARTEI	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL					
EB31234							EH	Paso T	Χ						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
1273 Joe Battle							Е	L PAS	0			TX		7993	
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)					
		SECTIO	ON F _	·EMPL	052920 OVED		FLICI	BII ITY	v						
X YES (Employer Is Eligible		-			-					NO LON	NGER I	N BUS	INESS		
	CTION			-							TOLK		LILEDO		
SE	CHON							11011 (1	п аррпс	able)					
VFS (Single-Establishm	ent Emr							tablichm	ent Em	nlover is	Federal	l Contra	ctor)		
	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 (I	Headqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)		
	· ·														
				ehicle P VORKF											
	SE.	CHON	N H – V	VOKKE	ORCE		GRAPI Race/E								1
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	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		<u>o</u>	a)	ck or Afric American	_	aiis	ndia ati	e R	a)	or ieri	_	aii s	nerican Indian Alaska Native	e R	Total
	Male	Female	White	r A	Asian	aw	n In	lor	White	Black or	Asian	a w	n R	lor	
	2	- E	>	ko	¥	a H	icai ska	٦	>	3la an	¥	a E	icai ska	rΝ	
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				Ф		Na the	An ,	≱		Ą		P S	An'	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	1	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	12	3	0	0	0	0	0	1	0	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 Laborers and Helpers	13	0	0	0	0	0	0	0	0	0	0	0	0	0	13
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	27	4	0	1	0	0	0	1	0	0	0	0	0	0	33
PRIOR 2023 REPORTING YEAR TOTAL	31	6	1	1	0	0	0	1	0	0	0	0	0	0	40
. MOR 2020 NEI ORTING TEAR TOTAL		. ~			_	1 ~	_		. ~	1 7			1 7	_	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
				TON A				rT							
		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					IN	asnville	IN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
5846 Crossings E	Bouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C - HE	EADQU	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
EB31243							Albuq	uerque	NM						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
3800 Prince St	reet Se)					ALBU	JQUER	QUE			NM		8710)5
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN)			<u> </u>		
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emple	oyer Is N	lot Eligi	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUS	INESS		
SEC	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
				tity ID (••						
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
□ VES (F	Ieadana	rters is I	Federal	Contrac	tor)	VES (N	on-Head	lanarter	s Establ	ishment	is Feder	al Contr	actor)		
	ishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) S(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	4231	S 140 - M	otor V)N G - I ehicle P	NAICS Parts (U	INFOR Ised) Mo	MATIU erchant	N Whole	salers						
				VORKF											
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	.atino					
	or La	atino			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
Executive/Senior Level 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	1	0	0	0	0	0	1	0	0	0	0	0	6
Professionals Tachnicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	5	0	2	0	0	0	0	1	0	0	0	0	0	0	8
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	2	0	2	0	0	0	2	1	0	0	0	0	0	0	7
Operatives Laborers and Helpers	6 7	0	1	0	0	0	0	0	0	0	0	0	0	0	12 8
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	24	1	10	0	0	0	3	2	1	0	0	0	0	0	41
PRIOR 2023 REPORTING YEAR TOTAL	24	1	12	0	0	0	2	2	1	0	0	0	0	0	42

SECTION I - WORKFORCE SNAPSHOT PERIOD

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontroi Nu ration Da		
				TION A ABLISHI											
		SECT	TION I	3 – EMP	LOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID							EMPL	OYER N	IAME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					N/	ASHVIL	LE.			TN		370°	13
SECTION C - HI	EADOU	ARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	TFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	3.12 Q C			201112		UARTE						4010)			
EB31252					Ì			icson A							
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
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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)															
▼ 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															
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	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	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	4	0	0	0	0	0	0	0	0	0	0	0	5

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

Laborers and Helpers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

Service Workers

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

2024 EMPLOYER IN	FORM	IATIO	N RE	PORT (EEO-	I COM	PONE	NT 1)					ontroi Nu ration Da		
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		SECT	ION I	B – EMP	IOVE	R IDEN	TIFICA	TION							
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AC16425					N	ashville				OFFICE	=				
ADDRESS								TY/TOV				STATE		ZIP CO	DE
5846 Crossings I	Paulov"	ord						ASHVIL				TN		370°	
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SECTION C – HI HO/ESTABLISHMENT-LEVEL UNIT ID	<u>£ADQU</u>	ARTE	RS OR							ΓΊΟΝ (i Γ-LEVEL		able)			
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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															
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)															
-	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	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	13	2	3	3	2	1	0	1	2	0	0	0	0	0	27
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	1	0	0	0	0	0	0	5
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SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

Operatives

Laborers and Helpers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

Service Workers

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

2024 EMPLOYER IN	FUKM	AHO	NKEI	OKI (EEO-	I COM	PONE	N1 1)					ation Dat		
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		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	10111	22.,11	LOIL	I IDE.		OYER N	AME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE				Γ-LEVEL	NAME				
EB31270							Sprir	igfield I	MO						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
2727 North Oak	Grove A	ve					SPF	RINGFI	ELD			MO		6580)3
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	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	14	0	0	0	0	1	0	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	4	0	0	0	0	0	0	0	0	0	0	0	4
Laborers and Helpers	0	0	5	1	0	1	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 2024 REPORTING YEAR TOTAL	0	0	26	1	0	1	0	1	1	0	0	0	0	0	30
PRIOR 2023 REPORTING YEAR TOTAL	0	0	22	2	0	0	0	1	3	0	0	0	0	0	28

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

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

SECTION A - TYPE OF REPORT

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

 AC16425
 Nashville TN - CORPORATE OFFICE

 ADDRESS
 CITY/TOWN
 STATE
 ZIP CODE

 5846 Crossings Boulevard
 NASHVILLE
 TN
 37013

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

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

EB31292 New Orleans LA

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN STATE ZIP CODE
HARAHAN LA 70123

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

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) ☐ 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	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	7	0	0	0	0	2	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	4	2	0	1	0	0	1	0	0	0	0	0	8
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 2024 REPORTING YEAR TOTAL	2	0	12	10	0	1	0	0	4	0	0	0	0	0	29
PRIOR 2023 REPORTING YEAR TOTAL	2	0	12	10	0	1	0	0	3	0	0	0	0	0	28

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

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

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OFS COMPANY ID		SECI	ION D	- ENIF	LUIE	K IDEN		OYER N	ΔME						
AC16425					N	lashville				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings I								SHVIL				TN		3701	3
SECTION C - HI	EADQU	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE				-LEVEL	NAME				
EB31317						\	Nest Pa								
HEADQUARTERS OR ESTABLISHMI		EL ADD	RESS					TY/TOW				STATE		ZIP CO	
5621 45Th \$	Street						WEST	PALM I	BEACH			FL		3340)7
	SECTI	ON D -	EMPI	LOYER 9	IDENT 52920		TION N	UMBE	R (EIN)					
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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 (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) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G − NAICS INFORMATION															
YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers															
SECTION G - NAICS INFORMATION															
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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	2	0	0	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	2	2	0	0	0	0	1	0	0	0	0	0	5
Laborers and Helpers	0	0	1	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 2024 REPORTING YEAR TOTAL	2	0	5	5	0	0	0	0	2	0	0	0	0	0	14
CONNENT 2024 REPORTING TEAR TOTAL		U	J	J	U	U	U	V	۷.	V	U	U	U	v	14
PRIOR 2023 REPORTING YEAR TOTAL	1	0	6	4	0	0	0	0	2	0	0	0	0	0	13
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12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO	NKEI	OKI (EEO-	COM	PONE.	N1 1)					ation Dat		
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AC16425					N	ashville				OFFICE					
						donvino				011101					
ADDRESS								TY/TOW				STATE		ZIP CO	
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	JARTEI	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME				
EB31326							Bu	ffalo N	Y						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
2871 Broadway S	St Suite	500					В	UFFAL	0			NY		1422	27
<u> </u>			EMPI	LOYER			TION N	UMBE	R (EIN)					
		SECTIO	ON E -	· EMPL	952920 OYER		ELIGI	BILITY	Ϋ́						
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 BUS	INESS		
SE															
	Unique Entity ID (UEI): Not Applicable ES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	5	0	0	0	0	0	2	0	0	0	0	0	7
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	4	0	0	0	0	2	0	0	0	0	0	14
Laborers and Helpers Service Workers	0	0	8	0	0	0	0	0	0	0	0	0	0	0	14 0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	24	8		0	0	1	4	0		0	0	0	
CORRENT 2024 REPORTING TEAR TOTAL	1	U	24	ď	0	U	U	 	4	U	0	U	U	U	38
PRIOR 2023 REPORTING YEAR TOTAL	1	0	25	12	0	0	0	1	6	1	0	0	0	0	46

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

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

												Expir	ation Dat	e: 11/30/.	2026
			SECT	ION A	- TYPl	E OF RI	EPORT								
			ESTA	BLISHN	1ENT-l	_EVEL I	REPOR	T							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	10111		LOIL	K IDE:		OYER N	AME						
AC16425					N	ashville				OFFICE					
						donvino				J1110L					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C - H	EADOU	ARTEI	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA	FION (if	fapplica	ble)	l .		
HQ/ESTABLISHMENT-LEVEL UNIT ID										-LEVEL					
EB31335							Gree	nsboro	NC						
HEADQUARTERS OR ESTABLISHM		EL ADD	DECC									CITE A ITSE		ZID CO	DE
			PRESS					TY/TOW				STATE		ZIP CO	
4224 Tudor Land	e, Ste 1	05					GRE	ENSB	JRO			NC		2741	0
	SECTI	ON D -	EMPI	LOYER	IDENT 052920		TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPLO			ELIGI	BILITY	Y						
XYES (Employer Is Eligible										NO LON	IGER I	N BUSI	INESS		
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DES	SIGNA'	ΓΙΟΝ (i	if applic	able)					
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) ☐ YES (One or More Non-Headquarters Establishments 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 G - NAICS INFORMATION															
							Race/E	thnicity	У						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
				_		Native Hawaiian or Other Pacific Islander	5	S		_		i de	5	Se	
				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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		ø		iric	_	aiia Isla	dia	œ	_	eri.	_	iii Isi	dia atj	æ	Total
	Male)al	ije	از: ک	au	ic Na	Ξ̈́	ore	ite	ا غ بد	jan	i ¥a	Ξ̈́	ore	I Otal
	ı≅	Female	White	ck or Afric American	Asian	Ha	an ka	Š	White	Black or an Amer	Asian	E Ha	ka	Ĕ	
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				Ba		ati ner	me A	٥		ij		ati ner	F F I	٧o	
						Z 2	A	F				Σ₽	⋖	ŕ	
Executive/Senior Level Officials and Managers	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	6	0	0	0	0	0	2	0	0	0	0	0	8
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	11	0	0	0	0	0	2	0	0	0	0	0	13
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	27	12	1	0	0	0	0	0	0	0	0	0	41
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4 0
	2	0	48		1	0	0	0	5	0	0	0	0	0	70
CURRENT 2024 REPORTING YEAR TOTAL	2	U	48	14		U	U	U	o	U	U	U	U	U	70
PRIOR 2023 REPORTING YEAR TOTAL	3	0	54	10	0	0	0	1	4	0	0	0	0	0	72
		L SECTIO)N I –	WORK		E SNAP	SHOT I	PERIO	<u> </u>	I		<u> </u>	l l		

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

OMB Control Number: 3046-0049

2024 EMPLOTER	INFORMATION REPORT (EE	CO-I COMPONENT I)	Expiratio	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		Nashville TN - CORPORATE OFFICE		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
5846 Crossin	gs Boulevard	NASHVILLE	TN	37013
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
EB31344		Peoria IL		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
110 Thunde	erbird Lane	EAST PEORIA	IL	61611
		ENTIFICATION NUMBER (EIN) 920557		
<u>-</u>	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

	SE	CHO	(II – 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	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	8	0	0	0	0	0	0	0	0	0	0	0	8
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	7	2	0	0	0	1	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 2024 REPORTING YEAR TOTAL	1	0	21	2	0	0	0	1	0	0	0	0	0	0	25
PRIOR 2023 REPORTING YEAR TOTAL	2	0	19	2	0	0	0	1	0	0	0	0	0	0	24

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													OMB Control Number: 3046-0049 Expiration Date: 11/30/2026			
						E OF RI LEVEL I		RT.			1					
		SECT	ION B	- ЕМР	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID							EMPL	OYER N	AME							
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE						
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CC	DE	
5846 Crossings I	Bouleva	ard					N.A	SHVIL	LE			TN		3701	3	
SECTION C - HI	EADQU	ARTEI	RS OR									ıble)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	T-LEVEL	NAME					
EB31353							Ma	dison V	VI							
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				Cl	TY/TOW	/N			STATE		ZIP CC	DE	
5969 Haase Roa	d, Suite	Suite B DEFOREST WI 5355												32		
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/E									
	Hisp					-1-	Not	Hispan	ic or L	atino	F					
	or La	atino			IVI	ale				1	Fen	nale				
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				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		Φ	4	Black or African American	_	ajja Isla	nerican Indian Alaska Native	e R	4	or	_	aiia Isla	nerican Indian Alaska Native	ěž	Total	
	Male	Female	White	ck or Afric American	Asian	aw	드	lore	White	Black or an Amer	Asian	aw	n s	lore	Total	
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				lac A		i ve	Neri	0 0		rici E		i ve	leri Na	0		
				В		Nai	Απ,	À		Ą		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	3 0	0	0	0	0	0	0	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	1	0	0	0	0	0	1	
Craft Workers Operatives	0	0	7	0	0	0	0	0	0	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 2024 REPORTING YEAR TOTAL	1	0	11	1	0	0	0	0	2	0	0	0	0	0	15	
PRIOR 2023 REPORTING YEAR TOTAL	0	0	13	1	0	0	0	0	3	0	0	0	0	0	17	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

2024 EMI LOTER INFORMATION REFORT (EEO-1 COMI ONENT 1)													Expiration Date: 11/30/2026				
			-	TION A			-										
			ESTA	BLISH	∕IENT-I	LEVEL	REPOR	RT.									
		SECT	TION E	B – EMP	LOYE	R IDEN											
OFS COMPANY ID								OYER N									
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE							
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE		
5846 Crossing	s Bouleva	ard						TN 370			13						
SECTION C -	HEADOI	IARTE	RS OR	ESTAB	LISHN	/ENT-I	EVEL	IDENT	IFICA'	TION (it	f annlica	able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								Γ-LEVEL		.010)					
EB31362							М	oline IL									
HEADQUARTERS OR ESTABLISH	MENT-LE													ZIP CC	DF		
4725 44T		V LL MDL	NLSS					MOLINE				STATE		6126			
7/20 771														0120	,,,		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557																	
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)																	
<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) Marchant Wholesalers																	
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H – WORKFORCE DEMOGRAPHIC DATA																	
SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity																	
	Hier	oanic						Hispan		atino							
		atino			М	lale	NOL	ilispaii	lic or L	atino	Fer	nale					
		1															
						z je	<u> </u>	S		_		ج جا	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	_	<u>0</u>	a)	ck or Afric American	_	aii s	nerican Indian Alaska Native	e R	a)	or ieri	_	aiie Isl	nerican Indian Alaska Native	₽	Total		
	Male	Female	White	r A	Asian	aw	n K	lor	White	Black or	Asian	a w	- X	<u>0</u>			
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				В		Ste	Arr ,	Ě		₹		Sta	Ar.	Ě			
						- 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	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	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 Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	6 2		
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CURRENT 2024 REPORTING YEAR TOTA	L 1	0	7	1	0	0	0	0	5	0	0	0	0	0	14		
PRIOR 2023 REPORTING YEAR TOTAL	L 1	0	6	1	0	0	0	0	4	0	0	0	0	0	12		
. MON 2020 NEI ONTINO TEAN TOTA	-			WODK										-	L		

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	AHO	NKEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat		
				TION A -				т			l.				
		CECT		B – EMP											
OFS COMPANY ID		SECI	ION D	- ENIP	LUIE	KIDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
						donvino				011102					
ADDRESS								TY/TOW				STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	TION (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
EB31380							Cinc	innati (OH						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
11950 Moste	ller Rd														
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557															
SECTION E – EMPLOYER FILING ELIGIBILITY															
X YES (Employer Is Eligible	e to File)	□NO	(Empl	oyer Is N	lot Elig	ible to Fi	ile)	EMPL	OYER	NO LO	NGER I	N BUS	INESS		
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DES	SIGNA'	ΓΙΟΝ (i	if applic	able)					
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								
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
						or der	or	S		n		or der	٥٢	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		<u>e</u>	Ð	ck or Afric American	_	aiis : Isl	nerican Indian Alaska Native	e E	O	or Jeri	_	aiii	nerican Indian Alaska Native	e R	Total
	Male	Female	White	or A	Asian	aw	a N	١٥	White	Black or an Amer	Asian	a ific	a n	١٥	
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				lac /		tive er F	ner Ala	0		ric		er f	Ala	0	
				ш —		Na Str	An	≥		¥		Na	An	≥	
Executive/Senior Level Officials and Managers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
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	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 Laborers and Helpers	0	0	6	4	0	0	0	0	0	0	0	0	0	0	10 7
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	17	5	0	0	0	0	2	0	0	0	0	0	24
PRIOR 2023 REPORTING YEAR TOTAL	0	0	18	3	0	0	1	0	5	0	0	0	0	0	27

SECTION I – WORKFORCE SNAPSHOT PERIOD

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

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

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

OMB Control Number: 3046-0049

													Expiration Date: 11/30/2026				
	SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT																
						R IDEN											
OFS COMPANY ID		SECI	ION D	- ENIP	LUIE	KIDEN		OYER N	AME								
AC16425					N	ashville				OFFICE							
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DDE		
5846 Crossing	Bouleva	ard					NA	SHVIL	LE			TN		3701	13		
SECTION C - 1	HEADQU	JARTEI	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				I-LEVEL	NAME						
EB31391							Santa F										
HEADQUARTERS OR ESTABLISH		/EL ADD	DRESS					TY/TOW				STATE		ZIP CO			
13603 Fost		Road SANTA FE SPRINGS												9067	0		
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																	
	Hier	anic	1					Hispan	•	atino							
		or Latino			М	ale	1101	Пэрап		atiiio	Fer	nale					
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				⊆		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		an		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	Ra		Black or African American		Native Hawaiian Other Pacific Islan	American Indian or Alaska Native	Rac	Row		
	Male	Female	White	ck or Afric American	Asian	wa	Inc Na	ore	White	Black or	Asian	wa	Inc	ore	Total		
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				В		Na	An,	Δ		Ą		Na	An,	≥			
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	3	2	0	0	0	0	0	1	0	0	0	0	0	0	0 8		
Professionals	0	1	0	0	0	0	0	0	0	0	1	0	0	0	2		
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Sales Workers	25	2	2	0	3	0	0	1	0	0	0	0	0	0	33		
Administrative Support Workers	0	2	0	0	0	0	0	0	1	0	1	0	0	0	4		
Craft Workers Operatives	32	3	0	0	0	0	0	0	0	0	0	0	0	0	0 38		
Laborers and Helpers	32	2	1	2	4	0	0	2	0	0	0	0	0	0	43		
Service Workers	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2		
CURRENT 2024 REPORTING YEAR TOTA		13	6	2	8	0	0	5	1	0	2	0	0	0	130		
PRIOR 2023 REPORTING YEAR TOTA		9	6	1	5	0	0	2	1	0	1	0	0	0	69		
		SECTIO	ON I –	WORK	FORCI	E SNAP	SHOT	PERIO	0								

12082024 - 12212024

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

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													OMB Control Number: 3046-0049 Expiration Date: 11/30/2026				
				TION A BLISHN							ı						
		SECT		B – EMP													
OFS COMPANY ID								OYER N									
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE							
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE		
5846 Crossings I	Bouleva	ard					N.A	SHVIL	LE			TN		370	13		
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL							
EB31400							E	rie PA									
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADE	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DDE		
901 West 12th Stre														1650)1		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557																	
	;	SECTIO	ON E -	- EMPL			ELIGI	BILIT	Y								
X YES (Employer Is Eligible										NO LO	NGER	IN BUS	INESS				
SEG	CTION			L CONT				TION (if applic	able)							
	_		_	ntity ID (
☐ YES (Single-Establishm	•	•															
YES (F	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	lon-Head	dquarter	s Establ	ishment	is Feder	ral Contr	ractor)				
		□ Y	ES (O	ne or Mo	ore Non	-Headqı	arters E	establish	ments i	s Federa	l Contr	actor)					
				ON G - 1													
				ehicle F													
SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity																	
	Hier	anic						Hispan		atino							
		atino			M	lale	NOL	пізраі	IIC OI L	auno	Fer	nale					
				_		or der	ō	es		_		Native Hawaiian or Other Pacific Islander	ō	es			
IOD CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islander	nerican Indian Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande		Two or More Races	Row		
JOB CATEGORIES	۵	<u>e</u>	Q)	ck or Afric American	_	/aii	American Indian Alaska Native	ė.	Q.	Black or an Amer	_	aii s	American Indian Alaska Native	e F	Total		
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5	_	_	_											•	•		
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	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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CURRENT 2024 REPORTING YEAR TOTAL	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9		
OSTALLI ZOZFILL ONTINO ILAN TOTAL					U U			, , ,			· ·			, , , , , , , , , , , , , , , , , , ,	,		
PRIOR 2023 REPORTING YEAR TOTAL	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9		
		SECTIO	ON I –	WORK		E SNAP		PERIO	D								

12082024 - 12212024

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

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)														Expiration Date: 11/30/2026			
						E OF RI LEVEL I		RT.									
		SECT	ION E	– EMP	LOYE	R IDEN											
OFS COMPANY ID								OYER N									
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE							
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE		
5846 Crossings I	Rouleva	ard					NΔ	SHVIL	I E			TN		37013			
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SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR							TION (11 Γ-LEVEL		able)					
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EB31418								llman A									
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE		
215 County Ro	ad 490	d 490 CULLMAN AL													55		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557																	
952920557 SECTION E – EMPLOYER FILING ELIGIBILITY																	
VES (Employer Is Eligible					_					NO LON	CED I	N DIG	INIECC				
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 (LIFI): 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 A22140 Mater Vehicle Ports (Used) Marchant Wholesplans																	
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers																	
SECTION H - WORKFORCE DEMOGRAPHIC DATA																	
							Race/E		-								
		anic					Not	Hispan	ic or L	.atino							
	or La	atino		1	IVI	ale				1	Fen	nale					
				c		Native Hawaiian or Other Pacific Islander	or	Two or More Races		u		Native Hawaiian or Other Pacific Islander	or	Two or More Races			
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JOB CATEGORIES	ø.	<u>e</u>	g)	Black or African American	L	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	ė	gy.	Black or African American	ے	Native Hawaiian or Other Pacific Islande	American Indian Alaska Native	ė	Total		
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	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	2	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	1		
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Operatives	3	0	15	0	0	0	0	0	0	0	0	0	0	0	18		
Laborers and Helpers	0	0	8	1	0	0	0	0	2	0	0	0	0	0	11		
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CURRENT 2024 REPORTING YEAR TOTAL	3	2	28	2	0	0	0	0	3	0	0	0	0	0	38		
DDIOD 2022 DEDODTING VEAD TOTAL	2	2	31	3	0	0	0	0	2	0	0	0	0	0	41		

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT ((EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
				TION A ABLISHI											
		SECT	TION I	3 – EMP	PLOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID								OYER N							
AC16425					N	lashville	: TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CO	ODE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE			TN		370	13
			DC OD	TOTAL	NT TOTTS	TENED I				TION (c 1:			010	
SECTION C – HI HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	KS OK							TTON (1 T-LEVEL		able)			
EB31436					TILADO	ZUAKIE.		onroe L		I-LEVEL	INAME				
HEADQUARTERS OR ESTABLISHMI		VEL ADI	DRESS					ITY/TOV				STATE		ZIP CO	
4950 Centra	ıl Ave						N	IONRO	E			LA		712	03
	SECTI	ON D -	-EMP	LOYER	IDEN' 952920		TION N	IUMBE	R (EIN	D)					
_		-	-	- EMPL	-		_								
X YES (Employer Is Eligible				-							NGER	IN BUS	INESS		
SE	CTION			L CONT				TION (if applic	cable)					
_			_	ntity ID (
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	ıl Contra	ctor)	YES (Multi-Es	tablishn	nent Em	ployer is	s Federa	ıl Contra	ctor)		
YES (I	Ieadaua	rters is l	Federal	Contrac	ctor)	YES (N	Jon-Hea	dauarter	s Establ	lishment	is Fede	ral Conti	ractor)		
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				ne or Mo		_			iments i	is Federa	ıı Contr	actor)			
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		atino			M	lale					Fei	male			
				_		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islander	5	es	
IOR CATECORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian Alaska Native	Two or More Races		Black or African American		an	American Indian Alaska Native	Two or More Races	Row
JOB CATEGORIES	a)	Female	ø	ck or Afric American	_	aii s	ndi Iati	ė.	g)	Black or	ے	aii s	ndi Iati	ė	Total
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						"									
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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Technicians Sales Workers	0	0	0 6	1	0	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	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	4	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 2024 REPORTING YEAR TOTAL	0	0	12	3	0	0	0	1	2	0	0	0	0	0	18
PRIOR 2023 REPORTING YEAR TOTAL	0	0	13	3	0	0	0	1	2	0	0	0	0	0	19
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12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	[ATIO]	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
						E OF RI LEVEL		RT							
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
5846 Crossings E	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C - HE	ADQU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (it	f applica	able)	<u> </u>		
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
EB31445							Kno	xville T	N						
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
3475 North Ben	d Circle	e						ALCOA				TN		3770	
			EMPI			TIFICA')					
	;	SECTIO	ON E -		952920 OYER	557 FILING	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	NGER I	IN BUS	INESS		
SEC	TION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA'	TION (i	if applic	able)					
~						Not App				,					
☐ YES (Single-Establishme	ent Emp	olover is	Federa	l Contra	ctor)	YES (Multi-Es	tablishn	nent Em	ployer is	Federa	1 Contra	ctor)		
☐ YES (H	-	•													
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		anic					Not	Hispan	ic or L	.atino					
	or La	atino		1	М	lale				1	Fer	nale	1		
				⊊		Native Hawaiian or Other Pacific Islander	o or	Two or More Races		an		Native Hawaiian or Other Pacific Islander	o c	Two or More Races	
JOB CATEGORIES				Black or African American		ian	American Indian Alaska Native	Ra		Black or African American		ian	American Indian Alaska Native	Ra	Row
OOD OATEOORIES	<u>e</u>	Female	te	ck or Afric American	E C	kai C Is	Ind Nat	ē	te	Black or	an	vai c Is	Ind	ē	Total
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Fundamental Complete Land Complete Land	•														
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	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	0	0	0	0	0	0	0	0	0	0	0	3
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	10	0	0	0	0	0	1	0	0	0	0	0	11
Laborers and Helpers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Service Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2024 REPORTING YEAR TOTAL	0	0	17	0	0	0	0	0	3	0	0	0	0	0	20
PRIOR 2023 REPORTING YEAR TOTAL	0	0	17	0	0	0	0	0	1	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	COM	PONE	NT 1)					ontrol Nu ation Dat		
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		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
5846 Crossings E	3ouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HE	EADOU	ARTEI	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL					
EB31454							Br	istol TN	١						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
107 Deck Vall								RISTO				TN		3762	
		ON D -	EMPI	LOYER)					
		SECTIO	ON E -	EMPL	052920 OYER		ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emple	over Is N	lot Eligi	ible to F	ile)	EMPLO	OYER	NO LON	NGER I	N BUS	INESS		
				L CONT											
SEC	3110:11			tity ID (11011(1	пиррпс	uoie)					
YES (Single-Establishm	ent Emp	lover is	Federa	l Contrac	ctor)	YES (Multi-Es	tablishm	nent Em	plover is	Federal	l Contra	ctor)		
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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
Professionals	0	0	0	0	0	0	0	0	0	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 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 2024 REPORTING YEAR TOTAL	0	0	12	0	0	0	0	0	4	0	0	0	0	0	16
PRIOR 2023 REPORTING YEAR TOTAL	0	0	12	0	0	0	0	0	4	0	0	0	0	0	16

SECTION I - WORKFORCE SNAPSHOT PERIOD

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

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

OMB Control Number: 3046-0049

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OFS COMPANY ID		SECT	TON B	– EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					N	ashville				OFFICE					
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ADDRESS	Davidson							TY/TOW				STATE		ZIP CO	
5846 Crossings								SHVIL				TN		3701	3
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR							FION (it T-LEVEL		ıble)			
					HEADQ	UARTEI				-LEVEL	NAME				
EB31463								nphis T							
HEADQUARTERS OR ESTABLISHM		/EL ADE	DRESS					TY/TOW				STATE		ZIP CO	
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						FILING									
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SE	CTION							TION (i	if applic	able)					
						Not App									
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☐ YES (Headqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		ПΥ	ES (Or	ne or Mo	ore Non	-Headau	arters E	stablish	ments i	s Federa	l Contra	actor)			
						INFOR									
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	L						Race/E		•						
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				an		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		ø	4	Black or African American	_	ajja Isla	dia ativ	e R	4	or eri	_	aiia Isi	dia ati	R	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	5	1	0	0	0	0	0	0	0	0	0	0	6
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	0	3	1	0	0	0	0	0	0	0	0	0	0	6
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	8	18	0	0	0	0	0	1	0	0	0	0	28
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 2024 REPORTING YEAR TOTAL	3	0	18	25	0	0	0	0	1	1	0	0	0	0	48
PRIOR 2023 REPORTING YEAR TOTAL	3	0	20	29	0	0	0	0	2	2	0	0	0	0	56
I MON 2023 REPORTING TEAR TOTAL				WODK						_	·		Ŭ	·	55

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REF	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
			SECT	TON A	- TYP	E OF RI	EPORT								
			ESTA	BLISHM	IENT-l	LEVEL I	REPOR	T.							
		SECT	ION B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					N	ashville	IN - C	ORPO	RAIE	OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	DDE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
EB31472							Colu	mbus (GA						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
145 Challenger Co	urt, Sui	ite 1					CC	LUMB	US			GA		3190)4
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	9	SECTIO	NE-	EMPLO			ELIGI	RILITY	<i>y</i>						
X YES (Employer Is Eligible										NO LON	IGER I	N BUS	INESS		
		F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA								
			-	tity ID (
☐ 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	Ieadquai	rters is I	ederal	Contract	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
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JOB CATEGORIES	σ	e e	ē	ck or Afric American	⊑	raii c Is	ndi Iati	ē	ē	or	⊆	vaii c Is	nerican Indian Alaska Native	ē	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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	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 2024 REPORTING YEAR TOTAL	0	0	3	4	0	0	0	0	0	0	0	0	0	0	7
PRIOR 2023 REPORTING YEAR TOTAL	0	0	3	4	0	0	0	0	0	0	0	0	0	0	7

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EWII EOTEKTI	(FORW	AHO	IN INE	OKI (EEO-	COM	I ONE.	1111)				Expir	ation Dat	e: 11/30/	2026
			SECT	TION A	- TYP	E OF RI	EPORT				•				
			ESTA	BLISH	MENT-	LEVEL	REPOR	RT							
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	/N			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	l E			TN		3701	13
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SECTION C – H	EADQU	AKIL	KS OK			VIEN I-L QUARTEI						abie)			
EB31481					TIL: ID	ZOTHTE		acon G		LEVEL	TW MILL				
HEADQUARTERS OR ESTABLISHM								TY/TOV				STATE		ZIP CO	
580 Joe Tamplin Indus	trial Blv	d, Suite	A				r	MACON	١			GA		3121	17
	SECTI	ON D -	- EMPI	LOYER	IDEN'	ΓIFICA'	TION N	UMBE	R (EIN)			-		
					952920										
	:	SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILIT	Y						
X YES (Employer Is Eligible	e to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER 1	IN BUSI	INESS		
SE	CTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	TION (if applic	able)					
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YES (Single-Establish	nent Emr	olover is	Federa	1 Contrac	ctor)	l YES	Multi-Es	tablishn	ent Em	plover is	Federa	1 Contra	ctor)		
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☐ YES (Headqua	rters is I	Federal	Contrac	tor)	YES (N	lon-Head	dquarter	s Establ	ishment	is Feder	ral Contr	actor)		
		□ Y	ES (O	ne or Mo	ore Nor	-Headqu	arters E	Establish	ments i	s Federa	l Contra	actor)			
						INFOR									
	423	140 - M	otor V	ehicle F	Parts (L	Jsed) M	erchant	Whole	salers						
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				ᇤ		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	e or	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	waic	Inc	<u>r</u> e	White	Black or	Asian	wa ic I	lnc Na	ē	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1	0	0	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	0	0	2	1	0	0	0	0	1	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 Operatives	0	0	0 2	6	0	0	0	0	0	2	0	0	0	0	10
Laborers and Helpers	0	0	2	2	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 2024 REPORTING YEAR TOTAL	. 1	0	6	10	0	0	0	0	2	3	0	0	0	0	22
PRIOR 2023 REPORTING YEAR TOTAL	. 0	0	7	6	0	0	0	0	1	2	0	0	0	0	16

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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
 Nashville TN - CORPORATE OFFICE

 ADDRESS
 CITY/TOWN
 STATE
 ZIP CODE

 5846 Crossings Boulevard
 NASHVILLE
 TN
 37013

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

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

EB31490 Orlando FL

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN STATE ZIP CODE
ORLANDO FL 32805

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

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)

EMPLOYER NAME

SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- DI	201101	111 ,	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	3	1	1	1	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	4	2	3	0	0	0	0	0	2	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	12	0	6	13	1	0	0	1	0	1	0	0	0	0	34
Laborers and Helpers	5	0	2	2	0	0	0	0	0	1	0	0	0	0	10
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	24	3	13	16	1	0	0	1	2	2	0	0	0	0	62
PRIOR 2023 REPORTING YEAR TOTAL	27	1	12	10	1	0	0	1	1	1	0	0	0	0	54

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMI LOTEKTI	II OKWI	AHO	I NE	OKI (EEO-	COM	ONE	111)				Expir	ation Dat	e: 11/30/	2026
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		SECT	TION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS	-						CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		370	13
SECTION C – H			DC OD	ECTA D	T ICIIN	AENT I				TION G	f ammli ac				
HQ/ESTABLISHMENT-LEVEL UNIT ID	.EADQU	AKIL	KS UK							Γ-LEVEL		ibie)			
EB31501						(naha N							
HEADQUARTERS OR ESTABLISHM	ENT LEV	ÆL ADD	DECC		1			TY/TOW				STATE	1	ZIP CC	IDE .
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0200 0 0		ON D -	- EMPI	LOYER	IDENT	TIFICA')		INL		0012	
					952920	557									
X YES (Employer Is Eligib										NO LO	NGER I	N BUSI	NESS		
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
				tity ID ((11	,					
YES (Single-Establish	nent Emr	lover is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
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				ne or Mo		_			ments i	s Federa	l Contra	actor)			
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				_		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 Xther Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	a	<u>e</u>	ø	ck or Afric American	u	aii	nerican Indian Alaska Native	е Б	o o	or Jer	_	aii S Isl	nerican Indian Alaska Native	e H	Total
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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	2	0	0	0	0	0	1	0	0	0	0	0	3
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	0	17	0	0	0	0	1	2	0	0	0	1	0	23
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	5	1	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 2024 REPORTING YEAR TOTAL	. 4	1	28	1	0	0	0	1	3	0	0	0	1	0	39
PRIOR 2023 REPORTING YEAR TOTAL	. 4	1	31	1	0	0	0	1	3	0	0	0	1	0	42

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	COM	PONE	NT 1)					ontrol Nu ation Dat		
				TON A				rT							
		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C - HI	EADQU	ARTEI	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	TION (ii	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME	•			
EB31510							Pho	oenix A	Z						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
5670 S 32Nd	Street						Р	HOENI	Χ			AZ		8504	1 0
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPL	952920 OYER		ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	lot Eligi	ible to F	ile) 🔲	EMPLO	OYER	NO LO	NGER I	N BUS	INESS		
SEC	CTION			L CONT				TION (i	if applic	able)					
			-	tity ID (
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) 🔲	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federal	l Contra	ctor)		
YES (H	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	dguarter	s Establ	ishment	is Feder	al Contr	actor)		
_ `	•							_		s Federa			,		
)N G - 1		_			illicitts i	s redera	Conur	ictor)			
	4231	ری 140 - M	otor V	ehicle P	arts (U	sed) M	erchant	Whole	salers						
				VORKF											
							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
Executive/Senior Level 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	3	0	2	0	0	0	0	0	0	0	0	0	0	0	8 2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	15	1	22	0	1	1	1	0	0	0	0	0	0	1	42
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers Operatives	4	1	6	2	0	1	0	0	2	0	0	0	0	0	16
Laborers and Helpers	21	1	3	2	0	2	1	1	0	0	0	0	0	0	31
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	43	3	36	4	1	4	2	2	3	0	0	0	0	1	99
PRIOR 2023 REPORTING YEAR TOTAL	40	3	38	3	1	5	2	2	4	0	0	0	0	1	99

SECTION I - WORKFORCE SNAPSHOT PERIOD

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

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

2024 EWI LOTEKT	AT OKWI	AHO	IN INE	OKI (EEO-	COM	ONE	111)				Expir	ation Dat	e: 11/30/	2026
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		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossing	: Boulevs	ard						SHVIL				TN		370	
			DG 0.D	TOT L										370	-
SECTION C - I HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	KS OK							ΓΙΟΝ (11 Γ-LEVEL		ible)			
EB31528					TILADQ	•	Allen L				TVZ LIVIL				
						FUIL				ige					
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOW				STATE		ZIP CC	
1944 Comme			EMDI	OVED	IDEN	DIELCA		RT ALL				LA		7076	57
					952920	557									
X YES (Employer Is Eligib		-		• EMPLO over Is N	-					NO LOI	NGER I	N BUSI	INESS		
	ECTION												- 1		
5.	CHON			tity ID (HON (I	п аррис	able)					
YES (Single-Establish	mant Eme		-					مرادا الماد	ont Em		Fodomi	Contro	otow)		
_ _ · · ·															
☐ YES	(Headqua	rters is l	Federal	Contrac	tor) 🔲	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)		
				ne or Mo					ments i	s Federa	l Contra	actor)			
	423 ⁻			ON G - N ehicle P					salers						
	SF	ECTION	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					Fen	nale			
						_						ŗ			
				⊑		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		an		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
JOB CATEGORIES				Black or African American		ian	American Indian or Alaska Native	Ra		Black or African American		ian	American Indian or Alaska Native	Ra	Row
OOD OATEOORIES	O	Female	te	ck or Afric American	Ę	kai C Is	Ind Nat	<u>ə</u>	Ę.	Black or an Amer	Ę	vai c Is	Ind	<u>e</u>	Total
	Male	Ë	White	or	Asian	cji ja	an (a l	₽	White	ach I Al	Asian	da Cifi	an (a l	€	
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				Sla		ati er	ηe A	9		frie		er Hi	ne Al	9	
				_		žŧ	₹	≥		٩		žŧ	₹	≥	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	3	1	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	2	0	11	6	0	0	0	1	2	1	0	0	0	0	23
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers Operatives	0	0	0	10	0	0	0	2	0	2	0	0	0	0	0 16
Laborers and Helpers	1	0	3	6	0	0	1	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 2024 REPORTING YEAR TOTA		0	18	23	0	0	1	3	4	3	0	0	0	0	55
PRIOR 2023 REPORTING YEAR TOTA	<u>2</u>	1	15	22	0	0	1	4	5	2	0	0	0	0	52

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
						E OF RI		tT			<u> </u>				
		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	IN - C	ORPO	RAIE	OFFICE	:				
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
5846 Crossings E	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HE	EADOU	ARTEI	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	TION (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
EB31537							Αι	ustin TX	(
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
2500 Scarbrough								AUSTIN				TX		7872	
			EMPI			TIFICA')					
		SECTIO	ON E -		052920 OYER	557 FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emple	oyer Is N	lot Eligi	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	N BUS	INESS		
						OR DE									
						Not App		11011(1	пиррпс	uoic)					
YES (Single-Establishm	ent Emp	lover is	Federa	l Contrac	ctor)	YES (Multi-Es	tablishm	nent Em	plover is	Federa	l Contra	ctor)		
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TYES (H	leadqua							_					actor)		
						_			ments i	s Federa	l Contra	actor)			
		S	ECTIO	N G - 1	NAICS	INFOR	MATIO	N							
						DEMO									
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	Hisn	anic						Hispan		atino					
		atino			М	ale	1101	mopun			Fen	nale			
						r er	_	v				r	_	v	
				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		a)		ric	_	ija Isla	dia	Ra		or eric	_	ija Isla	dia	S.	Row Total
	Male	Female	White	Black or African American	Asian	awa fic	ı N	ore	White	Black or an Amer	Asian	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	ore	TOLAI
	Ë	Fer	₹	k ol	As	aci H	car ska	Ž	₹	slac an /	As	aci aci	car	Ž	
		_		acl		ë ë	eri	ю с		rica		i Ve	eri Nas	ō	
				B		Nat	Am	Ň		Αŧ		Nat	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	1	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	7	4	2	1	0	0	0	0	2	1	0	0	0	0	17
Administrative Support Workers	0	1	2	0	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 Laborers and Helpers	3 6	0	4	7	0	0	0	0	0	0	0	0	0	0	5 18
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	18	6	10	10	0	0	0	1	2	1	0	0	0	0	48
PRIOR 2023 REPORTING YEAR TOTAL	17	7	14	9	0	1	0	1	1	2	0	0	0	0	52

SECTION I - WORKFORCE SNAPSHOT PERIOD

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										
	ESTABLISHME	NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425		Nashville TN - CORPORATE OFFICE										
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard NASHVILLE TN 37013												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
EB31546		Schertz TX										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
17745 Lookout	Road, Ste 100	SCHERTZ	TX	78154								
	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

_	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	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	6	1	5	7	0	0	0	1	2	1	1	0	0	0	24
Administrative Support Workers	1	2	0	0	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	1	0	0	1	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers	9	0	0	3	0	0	0	0	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 2024 REPORTING YEAR TOTAL	17	3	7	12	0	0	0	1	3	1	1	0	0	0	45
PRIOR 2023 REPORTING YEAR TOTAL	21	5	7	13	0	0	0	1	3	1	1	0	0	0	52

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
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		SECT	TON E	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	IN - C	ORPO	RAIE	OFFICE	:				
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADOU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	TION (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
EB31555							Мс	Allen T	Χ						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
5001 Tanya Avenu								CALLE				TX		7850	
			EMPI	LOYER)					
		SECTIO	ON E -	EMPL	052920 OYER		ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	lot Eligi	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	N BUS	INESS		
				L CONT											
520				tity ID (т пррпо						
☐ YES (Single-Establishm	shment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
- · · ·	S (Headquarters is Federal Contractor)														
L YES (F	G (Headquarters is Federal Contractor)														
	400														
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		201101	111 1	· OILIII	ORCL		Race/E								
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		atino			М	ale					Fen	nale			
						or der	or	S				or der	٦٢	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	4	<u>0</u>	a)	ck or Afric American	u	ajje	ndia ati	e R	a)	or Jeri	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	e R	Total
	Male	Female	White	or A eric	Asian	a iii a	n Ir a N	/lor	White	Black or an Amer	Asian	aw	a R	Jo.	
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				ш		울동	Ar			⋖		울동	Ā	₽	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	2	0	0	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	9	1	0	0	0	0	0	1	0	0	0	0	0	0	11
Administrative Support Workers 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 2024 REPORTING YEAR TOTAL	17	3	0	0	0	0	0	2	0	0	0	0	0	0	22
PRIOR 2023 REPORTING YEAR TOTAL	18	3	0	0	0	0	0	2	0	0	0	0	0	0	23

SECTION I - WORKFORCE SNAPSHOT PERIOD

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
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		SECT	ION B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					N	asnville				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CC	
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C - HI	EADQU	ARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
EB31564								yler TX							
HEADQUARTERS OR ESTABLISHME		EL ADD	RESS					TY/TOW				STATE		ZIP CC	
13681 Sydney	/ Road						WHI	ITEHO	JSE			TX		7579	91
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA' 557	TION N	UMBE	R (EIN)					
		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)	EMPL	OYER	NO LO	NGER I	N BUS	INESS		
SEC	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
						Not App									
☐ YES (Single-Establishm	nment Employer is Federal Contractor)														
□ VES (F	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
☐ 125 (i	(Headquarters is Federal Contractor)														
	4231					INFOR Ised) M			salers						
						DEMO									
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino					
	or La	atino		I	М	ale					Fen	nale	1		
				_		or der	٥٢	se		L		or	o.	se	
IOD 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	σ	<u>e</u>	ē	\fri	u	/aii	ndi. Iati	e F	Q.	or	_	/aii	ndi Iati	e F	Total
	Male	Female	White	ck or Afric American	Asian	da da	an I ca N	Mor	White	Black or	Asian	day	an I	Mor	
	_	ı,	>	ck Am	۷	Pa Pa	rica	or l	>	Bla	٩	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	or l	
				Bla		ati her	me	wo		Afri		ati	Al	WO	
						Zδ	٩	1		,		Ζŏ	٩	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	1	0	0	0	0	1	0	0	0	0	0	3
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	2	0	6	2	0	0	0	1	0	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	0	0	1	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	3 0
CURRENT 2024 REPORTING YEAR TOTAL	3	0	10	3	0	0	0	1	2	0	0	0	0	0	19
COMMENT 2027 REI ONTING TEAN TOTAL	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	.0	5	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	J			J	, , , , , , , , , , , , , , , , , , ,	U	.	<u> </u>	10
PRIOR 2023 REPORTING YEAR TOTAL	3	0	11	4	0	0	0	1	2	0	0	0	0	0	21

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REF	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
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		CT CT	_	_			_								
OFS COMPANY ID		SECI	ION B	- EMI	LOYE	R IDEN		OYER N	IAME						
AC16425					N	ashville				OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DE
5846 Crossings B	Bouleva	ard						ASHVIL				TN		370	
SECTION C – HE			RS OR	ESTAF	LISHN	IENT-I				FION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	and Qu		us ore	LOTITI		UARTE						ioic)			
EB31573							Corpu	s Chris	ti TX						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADE	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DE
2310 Joyce	Dr						CORF	PUS CH	HRISTI			TX		7840)1
	SECTI	ON D -	EMPI	LOYER	IDENT	TIFICA	TION N	UMBE	R (EIN)			<u> </u>		
					952920										
	SECTION E – EMPLOYER FILING ELIGIBILITY le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEC	CTION	F – FEI	DERAI	L CON	RACT	OR DE	SIGNA	TION (if applic	able)					
	. 15		_			Not App			. 10		Б.1	1.0			
☐ YES (Single-Establishm	-	•													
TYES (H	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Hea	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	al Contra	actor)			
						INFOR									
						bed) M DEMO									
	SE	CHO	111 – V	VOKKI	OKCE			thnicit							
	Hisp	anic						Hispan		atino					
	or L	atino		ı	М	ale	ı	1			Fen	nale			
						. 5									
				E .		ng e	o c	ses		än		nge n	o c	seo	
JOB CATEGORIES		ø	_	frica	_	aiia Isla	dia	Ra		or eric	_	aiia Isla	dia	Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	awa	nerican Indian Alaska Native	lore	White	Black or	Asian	awa	nerican Indian Alaska Native	lore	Total
	Σ	Fel	>	k o	Ϋ́	e H	icai	Σ	>	Bla	Ϋ́	e H	ical	r N	
				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	
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		atino			M	lale	NOL	ilispai	lic or L	atino	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	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	2	1	1	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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
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 2024 REPORTING YEAR TOTAL	6	2	2	0	0	0	0	0	0	0	0	0	0	0	10
PRIOR 2023 REPORTING YEAR TOTAL	9	3	1	1	0	0	0	0	0	0	0	0	0	0	14

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
				TION A				?T				1			
		SECT	TON E	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	IN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings I	3ouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME				
EB31591							W	aco TX							
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
307 Depot I	Orive							WACO				TX		767	12
	SECTI	ON D -	EMPI		IDENT 952920		TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPL			ELIGI	RILITY	V						
X YES (Employer Is Eligible										NO LON	NGER I	N RUS	INFSS		
				-							TOLK	II DOD	LILEDS		
SEC	CTION							HON (1	п аррис	abie)					
VEC (Single Establishm	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)														
_ , ,	(Headquarters is Federal Contractor)														
☐ YES (F	6 (Headquarters is Federal Contractor)														
	(Headquarters is Federal Contractor)														
		S	ECTIO)N G – 1	NAICS	INFOR	MATIO	N							
				ehicle P											
	SE	CTION	NH – V	VORKF	ORCE										1
	Llion	ania	ı				Race/E			atin a					
	Hisp or La	atino			М	ale	NOt	Hispan	IC OF L	atino	Fen	nale			
	0. 20										1 01	laic			
						~ <u>₽</u>	7	S		_		or der	<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	Row
JOB CATEGORIES		<u>o</u>		fric	,	aiia	idia ativ	8		or ieri	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	A e	Total
	Male	Female	White	ck or Afric American	Asian	aw	n K	lor	White	Black or	Asian	aw Hic	n K	lore	
	Σ	Fer	>	ko	As	ac H	car	r.	>	3la an	Ä	a H	car	ľΝ	
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				В		S a	Arr ,	Ž		Ą		P Sal	Am,	Ž	
						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	1	0	0	0	0	0	1	0	0	0	0	0	3
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	4	0	8	0	0	0	0	0	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	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	3 0
CURRENT 2024 REPORTING YEAR TOTAL	5	1	9	2	0	0	0	0	1	0	0	0	0	0	18
CORRENT 2024 REPORTING TEAR TOTAL	ບ	1	9		U	U	U	U	1	U	U	U	U	U	10
PRIOR 2023 REPORTING YEAR TOTAL	7	1	11	0	0	0	0	0	1	0	0	0	0	0	20

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMI LOTEKTI	SECTION A – TYPE OF REPORT													e: 11/30/	2026
				TON A -				:T			•				
		SECT		- EMP											
OFS COMPANY ID		SECI	TON	- Livii	LOIL	K IDEA		OYER N	AME						
AC16425					N	ashville				OFFICE	=				
												~		=======================================	
ADDRESS								TY/TOW				STATE		ZIP CO	
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	JARTEI	RS OR									able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME				
EB31602							Oklaho	ma Cit	y OK						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
2000 South Council	Road, Si	uite 101					OKLA	НОМА	CITY			OK		7312	27
				LOYER			TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPLO	952920 OYER		ELIGI	BILITY	<u>Y</u>						
X YES (Employer Is Eligib	e to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SE	CTION							ΓΙΟΝ (i	if applic	able)					
		Uni	ique En	tity ID (<u>UEI)</u> :	Not App	licable								
☐ YES (Single-Establish)	blishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
□ VEC	S (Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
L IES	G (Headquarters is Federal Contractor)														
	423)N G − N ehicle P					salers						
	SE	CTION	VH – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
							Race/E	thnicit	у						
	Hisp	oanic					Not	Hispan	ic or L	.atino					
	or La	atino			М	ale					Fen	nale			
				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> </u>	a)	án	u	ajig	ati	e E	o o	or	_	ajii s	ndi: ati	e E	Total
	Male	Female	White	eric	Asian	a iii	a n	2	White	ck An	Asian	aw ific	a Z	2	
	2	Ъ	>	ck or Afric American	Ÿ	ac ac	nerican Indian Alaska Native	Ž	>	Black or	Ä	E 8	nerican Indian Alaska Native	Ž	
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				ш		물물	An	≥		A		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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	7	2	7	1	0	0	3	1	2	0	0	1	0	1	25
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	1	0	5	0	0	0	0	1	0	0	0	0	0	0	7
Operatives	5	0	8	0	0	0	0	1	0	0	0	0	0	0	14
Laborers and Helpers	7	0	7	2	0	0	0	1	1	0	0	0	0	0	18
Service Workers CURRENT 2024 REPORTING YEAR TOTAL	23	3	0 31	0 4	0	0	3	<u>0</u> 4	0 4	0	0	1	0	1	0 74
CORRENT 2024 REPORTING TEAR TOTAL	23	3	31	4	U	U	J	4	4	U	U		U	<u> </u>	14
DRIOR 2022 REPORTING VEAR TOTAL	22	4	31	5	0	0	1	5	5	0	0	0	0	1	7/1

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMI LOTEKTI	(FOKWI	AHO	N KE	OKI (.	EEO-	COM	ONE	111)				Expir	ation Dat	e: 11/30/	2026
				TION A - BLISHN				·T							
		SECT		B – EMP											
OFS COMPANY ID		SECI	ION	- ENIF	LOIL	KIDEN		OYER N	AME						
AC16425					N	ashville				OFFICE	•				
						401111110				011102					
ADDRESS								TY/TOW				STATE		ZIP CO	
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME				
EB31611							Τι	ılsa Ok	(
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
874 N 165Th East	Ave, Su	iite B						TULSA				OK		7411	16
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPLO			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 LO	NGER I	IN BUS	INESS		
SE	CTION							ΓΙΟΝ (i	if applic	able)					
☐ YES (Single-Establish)	e-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 /	ES (Headquarters is Federal Contractor)														
L IES															
	G (Headquarters is Federal Contractor)														
	4231)N G − N ehicle P					salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
JOB CATEGORIES		<u>e</u>	Φ	Black or African American	u	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Φ	Black or African American	ء	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
	Male	Female	White	or A eric	Asian	a ific	n a N	١Ō	White	Black or	Asian	la w	n la	١Ō	
	2	Fe	>	k a k	¥	e H	ica	<u> </u>	>	Bla	Ã	e H	ica	<u> </u>	
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				ш		울	Ā	₽		<		l g g	Ā	₽	
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 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	2	0	5	0	0	0	3	0	2	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	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	0	0	4	0	0	0	1	1	0	0	0	0	0	0	6
Service Workers	0	0	16	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	4	0	16	1	0	0	5	1	3	0	0	0	0	0	30
DRIOR 2022 REPORTING YEAR TOTAL	5	0	17	2	1	0	5	1	2	0	0	0	0	0	2/

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
						E OF RI					ı				
						LEVEL									
OFS COMPANY ID		SECT	TON E	<u> – EMP</u>	LOYE	R IDEN		TION OYER N	AME						
AC16425					NI.	aabvilla				OFFICE					
					IN	astiville				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C - HI	EADQU	ARTEI	RS OR									ıble)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME				
EB31620							Lexi	ngton k	(Y						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
2040 Creative Driv	e, Suite	250					LE	XINGT	NC			KY		4050)5
	•		EMPI	OYER	IDENT	TIFICA')					
				9	952920	557									
					-	FILING									
X YES (Employer Is Eligible											IGER 1	N BUS	INESS		
SEC	CTION					OR DE		ΓΙΟΝ (i	f applic	able)					
	· ·														
☐ YES (Single-Establishm	ment Employer is Federal Contractor)														
□ YES (F	(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)														
	400								001010						
						DEMO									
	SE	CHON	111 – V	VOKKI	OKCE		Race/E								
	Hien	anic	1					Hispan		atino					
		atino			М	lale	NOU	пэрап	IC OI L	atino	Fen	nale			
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				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		fric an	_	aiia Isla	dia ativ	æ		or eri	_	aiia Isl	nerican Indian Alaska Native	æ	Total
	Male	Female	White	ck or Afric American	Asian	lic a	ΞŽ	O.	White	Black or	Asian	lic M	ΞŽ	O.	1 Otal
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				<u>B</u>		the the	Am,	Š		Αŧ		the 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	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 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	8	2	0	0	0	0	0	0	0	0	0	0	10
Laborers and Helpers	1	0	4	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 2024 REPORTING YEAR TOTAL	1	0	16	2	0	0	0	0	4	0	0	0	0	0	23
PRIOR 2023 REPORTING YEAR TOTAL	0	0	21	2	0	0	0	0	4	0	0	0	0	0	27

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nui ation Dat		
			-	TION A BLISHN			-								
		SECT	TON E	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings B	Bouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C – HI	EADOL	ARTEI	RS OR	ESTAB	LISHN	AENT-I	EVEL	IDENT	IFICA'	TION (it	f annlica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	n ID Q C		ub OIL							Γ-LEVEL		1010)			
EB31638							Wir	ndber P	Α						
HEADQUARTERS OR ESTABLISHME	NTIEV	/EL ADD	DECC					TY/TOW				STATE		ZIP CC	DE
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				EMPL											
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 BUSI	INESS		
SEC	CTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	TION (i	if applic	able)					
		<u>Uni</u>	ique En	tity ID (<u>UEI)</u> :	Not App	licable								
☐ YES (Single-Establishm	ment Employer is Federal Contractor)														
□ ves (F	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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	(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														
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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 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 Laborers and Helpers	0	0	7	0	1	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 2024 REPORTING YEAR TOTAL	0	0	15	0	1	0	0	0	4	0	0	0	0	0	20
PRIOR 2023 REPORTING YEAR TOTAL	0	0	16	0	0	0	0	0	4	0	0	0	0	0	20

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A - TYPE OF REPORT													mber: 304 e: 11/30/	
						E OF RI		?T							
		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID					N.			OYER N		OFFICE	_				
AC16425					IN	asnville				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	
5846 Crossings I								SHVIL				TN		3701	13
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR							ΓΙΟΝ (i: Γ-LEVEL		ble)			
EB31647					HEADQ	UAKTEI		ork PA		I-LEVEL	NAME				
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HEADQUARTERS OR ESTABLISHMI 275A Cross F		EL ADL	DKESS				Ci	TY/TOW YORK				STATE		ZIP CO	
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						FILING									
X YES (Employer Is Eligible											NGER I	N BUSI	INESS		
SEC	CTION					OR DE		TION (i	if applic	able)					
□ v zeg (g: 1 E (11:1	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)														
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YES (F	(Headquarters is Federal Contractor)														
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				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		än		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES		ø		Black or African American	_	aiia Isla	dia	Re		Black or African American	_	Native Hawaiian Xther Pacific Islan	nerican Indian Alaska Native	S.	Row Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	1	0	0	0	0	1	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 2	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	5	0	15	3	0	0	0	2	0	0	0	0	0	0	25
Laborers and Helpers Service Workers	0	0	8	7	0	0	0	0	0	0	0	0	0	0	17 0
CURRENT 2024 REPORTING YEAR TOTAL	8	0	0 26		0	0	0	4	1	0	0	0	0	0	49
CORRENT 2024 REPORTING TEAR TOTAL	ō	U	20	10	U	U	U	4	<u>'</u>	U	U	U	U	U	49
PRIOR 2023 REPORTING YEAR TOTAL	6	0	31	9	0	0	0	2	2	0	0	0	0	0	50

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
			SECT	TON A	– TYPI	E OF RI	EPORT				l				
			ESTA	BLISHN	/ENT-L	_EVEL I	REPOR	T							
		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
5846 Crossings E	Bouleva	ırd					NA	SHVIL	LE			TN		3701	13
SECTION C - HE	EADQU	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME				
EB31665							Salt La	ake Cit	y UT						
HEADQUARTERS OR ESTABLISHME							CI	TY/TOW	VN			STATE		ZIP CO	DE
3455 West Ninigret D	rive, Su	ite 300					SALT	LAKE	CITY			UT		8410)4
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA'	TION N	UMBE	R (EIN)	ı		I		
		SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible										NO LON	NGER I	N BUSI	INESS		
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☐ YES (Single-Establishm	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)														
L IES (F	(Headquarters is Federal Contractor)														
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	or La	atino		1	М	ale	I			1	Fen	nale			
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				a		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		Φ		Black or African American	_	niia Isla	nerican Indian Alaska Native	8		or eric	_	ija Isla	nerican Indian Alaska Native	8	Row Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	8	1	13	0	1	2	1	2	0	0	0	0	0	0	28
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	2	0	0	0	0	0	1	0	0	0	0	0	6
Laborers and Helpers Service Workers	11 0	0	5 0	0	0	3 0	0	0	0	0	0	0	0	0	21 0
CURRENT 2024 REPORTING YEAR TOTAL	23	1	22	1	1	5	1	4	4	0	0	0	0	0	62
PRIOR 2023 REPORTING YEAR TOTAL	16	1	26	1	1	5	1	3	3	1	0	0	0	0	58

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
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		SECT	TON E	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	IN - C	ORPO	RAIE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
EB31674							Fre	esno C	A						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
3131 S Northpointe								RESNO				CA		9372	
·			EMPI			TIFICA'	TION N	UMBE	R (EIN)					
		SECTIO	ON E -		952920 OYER		ELIGI	BILITY	Y						
X YES (Employer Is Eligible	Unique Entity ID (UEI): Not Applicable														
SEC	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)														
	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)														
☐ YES (Single-Establishm	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
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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	•	<u>e</u>	o o	ck or Afric American	u	aiis	ndi. Iati	e R	O	or Jer	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	e R	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	4	0	0	0	0	0	0	1	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	4	3	0	0	0	0	0	3	0	0	0	0	0	3	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	9	0	0	0	0	0	0	2	0	0	0	0	0	0	11
Laborers and Helpers Service Workers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	9
CURRENT 2024 REPORTING YEAR TOTAL	25				0	0		6	0	0	0				
CORRENT 2024 REPORTING TEAR TOTAL	20	3	1	0	U	U	0	0	U	U	U	0	0	3	38
PRIOR 2023 REPORTING YEAR TOTAL	16	3	2	0	1	0	0	7	0	1	0	0	0	3	33

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

OMB Control Number: 3046-0049

2024 EMI LOTER IN	SECTION A - TYPE OF REPORT													te: 11/30/	2026
			SECT	TON A	- TYP	E OF R	EPORT								
			ESTA	BLISH	MENT-I	LEVEL	REPOF	RT							
		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID							EMPL	OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings B	Bouleva	ard					N/	ASHVIL	LE			TN		370′	13
SECTION C - HI	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID EB31683					HEADQ	(UARTE				Γ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME	NT LEX	/EL ADE	DECC					Diego ITY/TOV				STATE		ZIP CC	DE
7411 Goen PI,			KESS					N DIE				CA		9212	
												UA .		3212	
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER FILING ELIGIBILITY Le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN RUSINESS														
	SECTION E – EMPLOYER FILING ELIGIBILITY ible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
X YES (Employer Is Eligible	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS ECTION F – FEDERAL CONTRACTOR DESIGNATION (if 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	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
TYES (H	leadqua	rters is I	Federal	Contrac	tor)	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
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JOB CATEGORIES				Black or African American		ian slaı	American Indian or Alaska Native	Ra		Black or African American		ian Slaı	American Indian Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	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

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

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

2024 EMPLOYER INI	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
				TION A BLISHN											
,		SECT	ION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N			_				
AC16425					N	lashville	IN - C	ORPO	RAIE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings E	Bouleva	ard					NA	ASHVIL	LE			TN		3701	13
SECTION C - HE	EADQU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (i	f applica	able)	l .		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME	·			
EB31692						Tan	npa FL	- Coas	t to Coa	ast					
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DDE
3104 Cherry Palm D	r, Suite	e 260						TAMPA	1			FL		336′	19
			EMPI	LOYER			TION N	UMBE	R (EIN)					
				EMPL		FILING									
X YES (Employer Is Eligible	Unique Entity ID (UEI): Not Applicable														
SEC	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if 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)														
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JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian Alaska Native	Rac		Black or African American		ian	American Indian Alaska Native	Rac	Row
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	2	0	0	0	0	0	3
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 2024 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	2	0	0	0	0	0	6
PRIOR 2023 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	2	0	0	0	0	0	7

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossing	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C – 1			DS OD	FCTAR	I ICHN	IENT_I	EVEL	IDENT	IFICA	TION G	fannlica	bla)			
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	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														
	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	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)														
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 (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
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JOB CATEGORIES				Black or African American		ian	American Indian or Alaska Native	Rac		Black or African American		ian	American Indian or Alaska Native	Rac	Row
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	1	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	5	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 Operatives	0	0	0 8	0	0	0	0	0	0	0	0	0	0	0	8
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 2024 REPORTING YEAR TOTA	L 0	0	16	0	0	0	0	1	1	0	0	0	0	0	18
PRIOR 2023 REPORTING YEAR TOTA	L 0	0	16	0	0	0	0	1	1	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER I	NFORM	IATIO	N KEI	POKI (EEO-	I COM	PONE	N1 1)					ation Dat		
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OFS COMPANY ID AC16425					N	lachville				OFFICE					
					- 11	asiiviile				OI I ICL					
ADDRESS								TY/TOV				STATE		ZIP CC	
5846 Crossing								ASHVIL				TN		370′	13
SECTION C – HO/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	JARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (it Γ-LEVEL	f applica	able)			
EB31721					неарс	QUARTE				I-LEVEL	NAME				
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HEADQUARTERS OR ESTABLISH		VEL ADL	DRESS					TY/TOV				STATE		ZIP CC	
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	SECTI	ION D -	- EMPI	LOYER			TION N	UMBE	R (EIN)					
	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															
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)															
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)															
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)															
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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	nerican Indian Alaska Native	Two or More Races	Row
JOB CATEGORIES	Φ	ae	te	ck or Afric American	Ē	vaii	Indi	re	te	Black or	ur.	vaii	Indi	ē	Total
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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 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	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 Operatives	0	0	9	2	0	0	0	0	0	0	0	0	0	0	0 12
Laborers and Helpers	0	0	3	0	1	0	0	0	0	0	0	0	0	1	5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTA	L 0	0	17	2	1	0	0	0	4	0	0	0	0	1	25
PRIOR 2023 REPORTING YEAR TOTA	L 0	0	17	2	1	0	0	0	2	0	0	0	0	1	23
		SECTIO	DN I –	WORK	FORC	E SNAP	SHOT I	 PERIO	D D						

12082024 - 12212024

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

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

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		SECT	TION B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N.	AME						
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C - I	HEADQU	ARTE	RS OR									ıble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME				
EB31730								attle W							
HEADQUARTERS OR ESTABLISHM			DRESS					TY/TOW				STATE		ZIP CO	
4123 142Nd Ave	E Suite	100					S	UMNEI	R			WA		9839	90
	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)														
	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)														
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														
SI	ele to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS ECTION F – FEDERAL CONTRACTOR DESIGNATION (if 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)														
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☐ YES	<u>Unique Entity ID (UEI)</u> : Not Applicable														
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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 or Alaska Native	Two or More Races	Row
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	1	3	0	<u>0</u>	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	3	1	1	0	0	0	1	0	0	0	0	0	6
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	1	3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	1	22	5	1	0	1	6	2	0	0	0	0	0	41
Laborers and Helpers Service Workers	0	0	27 0	0	<u>1</u> 1	0	0	0	3	0	0	0	0	0	39 5
CURRENT 2024 REPORTING YEAR TOTAL		2	56	8	4	1	1	8	13	0	1	0	1	2	104
CONNENT 2024 REPORTING TEAR TOTAL	- '	2	JU	O	4	'	1	U	13	U	- 1	U	ſ		104

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

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

OMB Control Number: 3046-0049

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		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADOL	ARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	FION (it	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	BilD QU									Γ-LEVEL		.010)			
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X YES (Employer Is Eligible				-							IGER 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)															
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)															
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ☐ YES (One or More Non-Headquarters Establishments 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															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	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 Laborers and Helpers	0	0	6	0	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 2024 REPORTING YEAR TOTAL	0	0	7	0	0	0	0	1	5	0	0	0	0	0	13
PRIOR 2023 REPORTING YEAR TOTAL	0	0	8	0	0	0	0	1	5	0	0	0	0	0	14
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SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
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		SECT	TON E	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	IN - C	ORPO	RAIE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME				
EB31757							Pitts	burgh l	PA						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
615 ALPHA DRI	VE REA	٩R					PIT	TSBUR	RGH			PA		1523	38
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA'	TION N	UMBE	R (EIN)					
		SECTIO	ON E -				ELIGI	BILITY	Y						
X YES (Employer Is Eligible	Unique Entity ID (UEI): Not Applicable														
SEC	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)														
		Uni	ique En	tity ID (<u>UEI)</u> :	Not App	licable								
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T YES (Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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 Sales Workers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Administrative Support Workers	0	0	0	0	1	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	0	0	10	2	0	0	0	0	0	0	0	0	0	0	12
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
CURRENT 2024 REPORTING YEAR TOTAL	0	0	24	4	1	0	1	1	3	0	0	0	0	0	34
COMMENT 2024 NEI ONTING TEAR TOTAL	V	V	44	7	<u>'</u>	U	'		J	U	U	V	U	J	J+
PRIOR 2023 REPORTING YEAR TOTAL	0	0	28	4	1	0	1	1	4	4	0	0	0	0	43

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
			SECT	TION A	– TYPI	E OF RI	EPORT								
			ESTA	BLISHN	/ENT-l	LEVEL	REPOR	RT							
		SECT	ION B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CC	DDE
5846 Crossings B	Bouleva	ard					N.A	SHVIL	LE			TN		370′	13
SECTION C - HI	EADQU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
EB31766							Grand	d Rapid	s MI						
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADD	RESS				Cl	TY/TOW	VN			STATE		ZIP CC	DDE
2929 32nd Street	SE, Sui	ite 6					KE	NTWO	OD			MI		4951	12
	SECTI	ON D -	EMPI	LOYER			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) Unique Entity ID (UEI): Not Applicable														
XYES (Employer Is Eligible	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	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)														
	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable hment 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)														
TYES (H	nment Employer is Federal Contractor)														
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		140 - M	otor V	ehicle P	arts (U	lsed) M	erchant	Whole							
	SE	CTION	I H – V	VORKF	ORCE										ı
			1				Race/E		•						
		anic atino			M	lale	Not	Hispan	ic or L	.atino	For	nale			
	Of La	aumo			IVI	ale					rei	naie			
				١		Native Hawaiian or Other Pacific Islander	ē	s G		и		Native Hawaiian or Other Pacific Islander	ō	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 Alaska Native	Зас	Row
JOB CATEGORIES	as a	Female	Ð	ck or Afric American	<u>u</u>	/aii	ndi	ė.	ē	Black or	ū	/aii	ndi Iati	ē	Total
	Male	l g	White	or / eri	Asian	ay	a P	∳	White	Ar	Asian	lay	ın l	Two or More	
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						꿀늉	₹	≥		■ 4		꿀듕	Ā	_≥	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
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	4	0	0	0	0	0	0	0	0	0	0	0	4
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers Operatives	0	0	0 14	0	0	0	0	1	0	0	0	0	0	0	0 15
Laborers and Helpers	4	0	7	8	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 2024 REPORTING YEAR TOTAL	4	0	31	8	0	0	0	2	1	0	0	0	0	0	46
				_											
PRIOR 2023 REPORTING YEAR TOTAL	5	0	24	7	0	0	0	1	0	0	0	0	0	0	37

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
				TION A				tT				1			
		SECT	TON E	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	IN-C	ORPO	RAIE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings I	3ouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C - HI	EADQU	ARTEI	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMENT	Γ-LEVEL	NAME				
EB31775							La	Porte II	V						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
1900 Whirlpool D	rive Ea	ast					L	APORT	Έ			IN		4635	50
	SECTI	ON D -	EMPl		IDENT 952920		TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligible	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)														
SEC	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)														
	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)														
☐ YES (Single-Establishm	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
□ ves (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)														
	nment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
						•			ments 1	s Federa	l Contra	actor)			
	4231			ON G - N ehicle P					salers						
				VORKF											
							Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale	1				Fen	nale			
				_		Native Hawaiian or Other Pacific Islander	or	ses		<u>u</u>		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 Other Pacific Islan	American Indian or Alaska Native	Two or More Races	Row
JOB GATEGORIES	<u>0</u>	Female	ţ.	ck or Afric American	an	kai C Is	Ind	<u>ə</u>	te	Black or	an B	kai C Is	Ind	re	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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	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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	9		0	0	0	0	0	0	0			0	
CURRENT 2024 REPURTING TEAR TOTAL	U	U	9	1	U	U	U	U	U	U	U	0	0	U	10
PRIOR 2023 REPORTING YEAR TOTAL	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

EEOC Standard Form 100 (SF 100)

-			EO-1 COMPONENT 1)	OMB Contr	rol Number: 304 on Date: 11/30/2						
			YPE OF REPORT								
		ESTABLISHME	NT-LEVEL REPORT								
	SECT	TON B – EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID AC16425			EMPLOYER NAME Nashville TN - CORPORATE OFFICE								
ADDRESS			CITY/TOWN	STATE	ZIP CO						
5846 Crossings	Boulevard		NASHVILLE	TN	3701	3					
	SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if prestablishment-level unit id headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in headquarters or establishment-level in										
	Q/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVE										
EB31793											
HEADQUARTERS OR ESTABLISHM	MENT-LEVEL ADD	RESS	CITY/TOWN	STATE	ZIP CO	DE					
36555 Eco	rse Rd		ROMULUS	MI	4817	′ 4					
	SECTION D -		ENTIFICATION NUMBER (EIN) 2920557								
	SECTIO	ON E – EMPLOY	ER FILING ELIGIBILITY								
X YES (Employer Is Eligib	le to File) 🔲 NO	(Employer Is Not	Eligible to File)	R IN BUSINI	ESS						
SI			ACTOR DESIGNATION (if applicable) <u>I)</u> : Not Applicable								
☐ YES (Single-Establish	ment Employer is	Federal Contractor	r) TYES (Multi-Establishment Employer is Feder	eral Contractor	r)						
YES	(Headquarters is F	Federal Contractor)	YES (Non-Headquarters Establishment is Fe	deral Contract	or)						
		ES (One or More	Non-Headquarters Establishments is Federal Con	ntractor)							
			ICS INFORMATION s (Used) Merchant Wholesalers								
			RCE DEMOGRAPHIC DATA								
			Race/Ethnicity								
	Hispanic		Not Hispanic or Latino			1					

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		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	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	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Administrative Support Workers	1	1	0	0	0	0	0	0	2	0	0	0	0	0	4
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	21	6	0	0	0	1	0	0	0	0	0	0	30
Laborers and Helpers	3	2	15	19	0	0	0	2	3	2	0	0	0	0	46
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	6	3	42	25	0	0	0	4	7	2	0	0	0	0	89
PRIOR 2023 REPORTING YEAR TOTAL	3	3	41	28	0	1	0	4	8	2	0	0	0	1	91

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												OMB Control Number: 3046-0049 Expiration Date: 11/30/2026						
						E OF RI LEVEL												
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION										
OFS COMPANY ID	EMPLOYER NAME Nashville TN - CORPORATE OFFICE																	
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE								
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DE			
5846 Crossings		NASHVILLE TN									37013							
SECTION C - HI	EADQU	JARTE	RS OR									able)						
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADO	QUARTE!				Γ-LEVEL	NAME							
EB31804							La	nsing N	41									
HEADQUARTERS OR ESTABLISHMI	ENT-LEVEL ADDRESS CITY/TOWN											STATE ZIP C			DE			
1149 S Pennsylva	nia Ave	enue					L	ANSIN	G			MI		4891	12			
	SECTI	ON D -	EMPI		IDEN'	ΓΙΓΙCΑ΄ 0557	TION N	UMBE	R (EIN)	•		•					
	1	SECTIO	ON E -	- EMPL	OYER	FILING	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	NGER 1	IN BUS	INESS					
SE	CTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	TION (if applic	able)								
						Not App		`	•••	ŕ								
YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)																		
□ YES (F	Ieadaua	rters is l	Federal	Contrac	tor)	YES (N	Ion-Head	dauarter	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)																		
						INFOR			iments i	s redera	ii Contra	actor)						
	423					Jsed) M			salers									
						DEMO												
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	or L	atino		1	IV I	lale				1	Fer	nale						
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JOB CATEGORIES		ø		Black or African American	_	lis sis	nerican Indian Alaska Native	8,		eric	_	ajja Isla	American Indian Alaska Native	R	Row Total			
	Male	Female	White	ck or Afric American	Asian	fic 3	Ξž	ore	White	Black or	Asian	lic a	E N	ore	I Otal			
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				⊞		Nat	Am /	Ž		¥		Nat	Am ,	Two or More				
						- 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	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	3	0	0	0	0	0	0	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 Laborers and Helpers	3	0	1 2	1	0	0	0	0	0	0	0	0	0	0	7 6			
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
CURRENT 2024 REPORTING YEAR TOTAL	4	0	9	5	0	0	1	0	0	0	0	0	0	0	19			
PRIOR 2023 REPORTING YEAR TOTAL	2	0	9	3	0	0	1	0	0	0	0	0	0	0	15			

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 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		EMPLOYER NAME Nashville TN - CORPORATE OFFICE															
					IN	iasiiviile				OFFICE							
ADDRESS								TY/TOV		STATE	ZIP CC	DE					
5846 Crossings	s Bouleva	ard					NA	SHVIL		TN	370	13					
SECTION C - I	HEADQU	JARTE	RS OR	ESTAB	BLISHN	MENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADO	QUARTE				Γ-LEVEL	NAME						
EB31813		Traverse City MI															
HEADQUARTERS OR ESTABLISH	MENT-LEV	VEL ADI	ORESS				Cl	TY/TOV	/N			STATE		ZIP CODE			
327 E Weld	h Court						TRA\	/ERSE	CITY			MI		49686			
	SECTI	ON D -	- EMPI	LOYER	IDEN	TIFICA'	TION N	UMBE	R (EIN)			l				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557																	
		SECTION	ON E -	- EMPL	OYER	FILING	ELIGI	BILIT	Y								
X YES (Employer Is Eligib	le to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LON	IGER I	IN BUSI	INESS				
S	ECTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	TION (if applic	able)							
-						Not App		(11	,							
☐ YES (Single-Establish	ment Emp	olover is	Federa	l Contra	ctor)	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)				
	_	-															
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)																	
									ments i	s Federa	l Contra	actor)					
	400					INFOR											
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H – WORKFORCE DEMOGRAPHIC DATA																	
	51	201101	111 - 1	VORKI	OKCE		Race/E										
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		atino			M	lale					Fer	nale					
				_		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islander	ō	es			
IOD OATEOORIEO				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		Two or More Races	Row		
JOB CATEGORIES	ø.	<u>e</u>	g)	ck or Afric American	_	aii S Is	nerican Indian Alaska Native	ė.	g)	Black or an Amer	_	aii S IS	American Indian Alaska Native	e F	Total		
	Male	Female	White	or A	Asian	a Hic	a P	٥	White	P K	Asian	a iii a	l l	Лor			
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				ш		울	Ā	Ě		⋖		울	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	0	0	0	0	0	0	0	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 Operatives	0	0	0 5	0	0	0	0	0	0	0	0	0	0	0	0 5		
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 2024 REPORTING YEAR TOTA	L 0	0	10	0	0	0	0	0	0	0	0	0	0	0	10		
PRIOR 2023 REPORTING YEAR TOTA		0	11	0	0	0	0	0	0	0	0	0	0	0	11		
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12082024 - 12212024

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

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

2024 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					N	lashville	TN - C	ORPO	RATE	OFFICE						
ADDRESS	,						C	TY/TOV	VN			STATE		ZIP CC	DDE	
5846 Crossing	s Boulev	ard				NASHVILLE								370 ⁻	13	
SECTION C -			DC OD	ECTAD	T ICUN	AENT I				TION G	fannlia	abla)				
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	DAKIL	KS UK	LSIAD	HEADO	OUARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME.	ible)				
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HEADQUARTERS OR ESTABLISH			JKESS					TTANC				STATE		ZIP CODE 37410		
4600 Centra	ıı Avenue)					CHA	TTANC	JUGA			TN 374			10	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557																
	-	SECTI	ON E -	- EMPL			ELIG	BILIT	Y							
X YES (Employer Is Eligi	ole to File) NO	(Empl	oyer Is N	ot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER	IN BUS	INESS			
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable																
			_	-												
☐ YES (Single-Establish	ıment Em	ployer is	Federa	ıl Contra	ctor)	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)			
☐ YES	(Headqua	arters is	Federal	Contrac	tor)	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	al 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																
423140 - Motor Vehicle Parts (Used) Merchant Wholesalers																
SECTION H - WORKFORCE DEMOGRAPHIC DATA																
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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>ə</u>	Female	White	ck or Afric American	Asian	wa ic I	S E	<u>s</u>	White	Black or an Amer	Asian	wa ic I	Inc Na	ore.	Total	
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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	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	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 Laborers and Helpers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	6 3	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2024 REPORTING YEAR TOTAL	L 0	0	13	0	0	0	0	1	2	0	0	0	0	0	16	
PRIOR 2023 REPORTING YEAR TOTA	u 0	0	12	0	0	0	0	1	2	0	0	0	0	0	15	
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SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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

2024 EMPLOYER IN	FORM	AHO	NKEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat		
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		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	l F			TN		370	13
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SECTION C – H HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKIL	KS UK							Γ-LEVEL		ibie)			
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138 Furniture		ON D -	FMPI	LOYER	IDENT	rifica'		IILFOR)		СТ		0646	
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X YES (Employer Is Eligible										NO LOI	NGER I	N BUSI	INESS		
				L CONT											
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☐ YES (Single-Establishn	nent Emp	lover is	Federa	l Contrac	ctor)	YES (N	Multi-Est	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
	-	•													
☐ YES (I	Headqua	rters is I	rederai	Contract	or)	YES (N	on-Head	iquarter	s Estabi	isnment	is Feder	al Contr	actor)		
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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 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	4	0	0	0	0	0	0	0	0	0	0	6
Laborers and Helpers	1	0	3	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 2024 REPORTING YEAR TOTAL	3	0	5	5	0	0	0	1	0	0	0	0	0	0	14
PRIOR 2023 REPORTING YEAR TOTAL	3	0	6	4	0	0	0	2	0	0	0	0	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
			SEC	TION A	- TYP	E OF R	EPORT	1				-			
			ESTA	BLISH	MENT-I	LEVEL	REPOF	RT							
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OFS COMPANY ID					N.	مالك بما ما ما		OYER N		OFFICE	_				
AC16425					IN	lashville				OFFICE					
ADDRESS								ITY/TOV				STATE		ZIP CC	
5846 Crossings B	Bouleva	ard					N/	ASHVIL	.LE			TN		370°	13
SECTION C – HI	EADQU	ARTE	RS OR	ESTAE	BLISHN	MENT-I	EVEL	IDENT	'IFICA'	TION (i	f applica	able)			
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					952920										
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X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER	IN BUS	INESS		
SEC	CTION			L CONT				TION (if applic	able)					
			_	ntity ID (
☐ YES (Single-Establishm	olishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (H	lishment Employer is Federal Contractor)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	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 Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives Operatives	0	0	3	2	1	0	0	0	2	0	0	0	0	0	8
Laborers and Helpers	0	0	2	1	0	0	0	0	1	0	0	0	0	0	4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	7	3	1	0	0	0	7	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	I COM	PONE	NT 1)					ontrol Nur ation Dat		
				TION A BLISHN				RT.			,				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CC	DE
5846 Crossings I	Bouleva	ard					N.A	SHVIL	LE			TN		370′	3
SECTION C - HI	EADQU	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
EB31867							Ex	eter P	Ą						
HEADQUARTERS OR ESTABLISHME		EL ADD	RESS				Cl	TY/TOW	/N			STATE		ZIP CC	DE
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	SECTI	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 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														
X YES (Employer Is Eligible	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														
SEC	CTION	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 Int Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)													
_		TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable at Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)													
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	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	2	0	6	0	0	0	0	0	0	0	0	0	0	0	8
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	2	0	13	0	0	0	0	0	1	0	0	0	0	0	16
COMMENT EVEN THE OWNER TERM TOTAL															
PRIOR 2023 REPORTING YEAR TOTAL	2	0	15	0	0	0	0	0	1	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

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

ZIP CODE

STATE

SECTION A – TYPE OF REPORT

	ESTABLISHMENT-LEVEL REPORT
	SECTION B – EMPLOYER IDENTIFICATION
OFS COMPANY ID	EMPLOYER NAME
AC16425	Nashville TN - CORPORATE OFFICE

5846 Crossings Boulevard NASHVILLE TN 37013

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

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Syrogypo NV

EB31885 Syracuse NY

ADDRESS

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN
STATE ZIP CODE
SYRACUSE
NY 13208

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

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)

CITY/TOWN

SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

SECTION H - WORKFORCE DEMOGRAPHIC DATA

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		atino			М	ale	1101	Поран	IC OI L	шино	Fon	nale			
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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	10	0	0	0	0	0	1	0	0	0	0	0	11
Laborers and Helpers	0	0	0	1	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 2024 REPORTING YEAR TOTAL	0	0	13	1	0	0	0	0	2	0	0	0	0	0	16
PRIOR 2023 REPORTING YEAR TOTAL	0	0	13	2	0	0	0	0	3	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

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

OMB Control Number: 3046-0049

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		SECT				EVEL I									
OFS COMPANY ID		SECI	ION	- ENII	LOIL	KIDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHM	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	T-LEVEL	NAME				
EB31894							Roc	hester l	NY						
HEADQUARTERS OR ESTABLISHM			DRESS				CI	TY/TOW	VN			STATE		ZIP CO	DDE
72 Spencerpo	ort Road						RO	CHEST	ΓER			NY		1460	06
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA'	TION N	UMBE	R (EIN)					
	-	SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	e to File)	□NO	(Emple	oyer Is N	Not Eligi	ible to F	ile)	EMPL	OYER 1	NO LON	NGER I	IN BUS	INESS		
SE	CTION							TION (i	if applic	able)					
Type (et al. Fallia	. 15					Not App			. 10	, .		1.0			
YES (Single-Establish	-	•													
☐ YES (Headqua				. —			•					ractor)		
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						DEMO									
							Race/E		•						
		anic atino			M	ale	Not	Hispan	ic or L	atino	Eon	nale			
	Of L	atino			IVI	ale					ren	naie			
				_		or der	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 Islander	American Indian Alaska Native	Two or More Races	Row
OD OATEGORIEG	<u> </u>	Female	ite	ck or Afric American	an	wai ic Is	Ind Nat	re	ite	Black or an Amer	an	wai ic Is	Ind Nat	<u>e</u>	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5 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	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	8	5	0	0	0	0	1	0	0	0	0	0	16
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL		0	13	5	0	0	1	1	1	0	0	0	0	0	24
					-						-				
PRIOR 2023 REPORTING YEAR TOTAL		0	16	5	0	0	1	1	0	0	0	0	0	0	26
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
			SECT	TION A	– TYPI	E OF RI	EPORT	ı							
			ESTA	BLISH	ΛΕΝΤ-Ι	EVEL	REPOF	RT							
		SECT	'ION F	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	IAME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					N/	ASHVIL	LE.			TN		370′	13
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	TFICA'	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
EB31905							New	/burgh	NY						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADI	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
24 Jeanne I	Orive						NE	WBUR	GH			NY		1255	50
	SECTI	ON D -	EMP	LOYER	IDENT 952920		TION N	UMBE	R (EIN)	·		I		
		SECTION	ON E -	- EMPL			ELIG	BILIT	Y						
X YES (Employer Is Eligible										NO LO	NGER I	IN BUS	INESS		
	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)														
YES (Single-Establishm	ishment Employer is Federal Contractor)														
L IES (F															
									ıments i	s Federa	ıl Contra	actor)			
	423			ON G - I ehicle F					salers						
				VORKF											
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino.					
	or La	atino		1	М	ale	1	1		1	Fer	nale	1	1	
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				au		Native Hawaiian or Other Pacific Islander	o or	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	o or	or More Races	_
JOB CATEGORIES				Black or African American		iiai sla	American Indian Alaska Native	Ra		- i		iia	American Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	ic Na	S E	J.	White	Black or	Asian	wa ic I	S E	<u>s</u> e	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Salas Warkers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	3
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	1	5	1	0	0	0	0	0	0	0	0	0	0	10
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 2024 REPORTING YEAR TOTAL	5	1	10	2	0	0	0	0	0	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

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

2024 EMPLOYER INI	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
				TION A				RT							
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
5846 Crossings E	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HE	EADOU	ARTEI	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	TION (it	f applica	able)	<u> </u>		
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
EB31914							Alk	any N	Y						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
70 Karner R								ALBAN'				NY		1220	
		ON D -	EMPI	LOYER)					
	;	SECTIO	ON E -		952920 OYER		ELIGI	BILIT	Y						
X YES (Employer Is Eligible	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
SEC	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 hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
~	Unique Entity ID (UEI): Not Applicable nment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishme	ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
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L YES (H	nent Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
						_			ments i	s Federa	1 Contra	actor)			
	423			NG-I ehicle P					salers						
				VORKF											
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	.atino					
	or La	atino		1	М	ale	1				Fer	nale			
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				⊆		Native Hawaiian or Other Pacific Islander	o c	Two or More Races		an		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
JOB CATEGORIES				Black or African American		ian	American Indian Alaska Native	Ra		Black or African American		ian	American Indian Alaska Native	Ra	Row
OOD OATEOORIES	<u>e</u>	Female	te	ck or Afric American	E C	kai C Is	Ind	ē	te	Black or an Amer	an	vai c Is	Ind	ē	Total
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Executive/Senior Level Officials and Managers	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 Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	4	2	1	0	0	0	0	0	0	0	0	0	7
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 2024 REPORTING YEAR TOTAL	0	0	10	2	1	0	0	0	0	0	0	0	0	0	13
PRIOR 2023 REPORTING YEAR TOTAL	0	0	15	3	0	0	0	1	0	0	0	0	0	0	19

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
				TION A ABLISHM											
		SECT	TION I	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE	=				
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings B	Bouleva	ard					N/	ASHVIL	LE			TN		370	13
SECTION C – HI			DS OD	FSTAR	I ICHN	MENT_I	EVEL	IDENT	TEICA	TION (i	familia	oble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	ZADQU	AKIL	NO ON			UARTE						aoic)			
EB31923							Lou	iisville k	CY						
	ENT LEX	/EL ADE	DECC								1	CTATE		ZID.CC	DE
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2701 Plogless	ive bive	J					SEL	LEKSB	OKG			IIN		47 17	12
	SECTI	ON D -	-EMP				TION N	IUMBE	CR (EIN)					
	,	SECTION	ON E -				FELIGI	BILIT	Y						
X YES (Employer Is Eligible										NO LO	NGER	IN BUS	INESS		
				-											
SEC	Unique Entity ID (UEI): Not Applicable														
VEC (Cincle Establishm	hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (F	ES (Headquarters is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
		□ Y	ES (O	ne or Mo	ore Non	-Headqı	uarters E	Establish	nments i	s Federa	al Contr	actor)			
		140 - M	lotor V	ehicle F	Parts (L	Jsed) M	erchant	t Whole							
	SE	CCTION	V – H /	VORKE	ORCE										
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							Not	Hispar	nic or L	.atino					
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JOB CATEGORIES				ical L		ian	ian	Sac		<u>. i</u>		ian	ian ive	Sac	Row
JOB CATEGORIES	o	ale ale	Ę.	Afr	⊆	vaii	nd Vat	ē	5	io i	⊊	vaii	nd	<u>ē</u>	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals													_		0
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 Operatives					_										3 16
Laborers and Helpers	SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														6
Service Workers	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														0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	25	1	0	0	0	2	2	0	0	0	0	0	30
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SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

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

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	I COM	PONE	NT 1)					ation Dat		
				TION A							I				
		SECT	ION B	3 – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DE
5846 Crossings I	Bouleva	ard					N.A	ASHVIL	LE			TN		3701	3
SECTION C - HI			RSOR	ESTAB	LISHN	IENT-I	EVEL	IDENT	TFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
EE11321						Du	rham N	C - Sel	f Servi	ce					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DE
1301 S Miam	i Blvd						D	URHA	M			NC		2770)3
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN	D)					
		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 LO	NGER I	IN BUS	INESS		
SEC	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)														
	Unique Entity ID (UEI): Not Applicable shment 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)														
TYES (F	(Headquarters is Federal Contractor) TYES (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)														
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							Race/E	thnicit	у						
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	or La	atino			М	ale	ı	ı		1	Fer	nale	1	-	
				ے		Native Hawaiian or Other Pacific Islander	p	ses		_ ⊆		Native Hawaiian or Other Pacific Islander	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 or Other Pacific Islande	American Indian Alaska Native	Two or More Races	Row
JOB CATEGORIES	<u>0</u>	Female	te	ck or Afric American	띪	kai C Is	Ind	<u>re</u>	te	Black or	Ę,	vai c Is	Ind	rel	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	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 Sales Workers	1	2	0	0	0	0	0	0	0	0	0	0	0	0	3
Administrative Support Workers	2	0	0	0	0	0	0	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 Laborers and Helpers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	13 0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	11	2	3	4	0	0	0	1	0	0	0	0	0	0	21
PRIOR 2023 REPORTING YEAR TOTAL	8	1	6	4	0	0	0	1	0	1	0	0	0	0	21

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

OMB Control Number: 3046-0049

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ation Dat		
			SECT	TION A	- TYP	E OF R	EPORT	ı			I				
			ESTA	BLISH	MENT-	LEVEL	REPOF	RT							
		SECT	TION F	B – EMP	LOYE	R IDEN									
OFS COMPANY ID AC16425					N	lachville		OYER N		OFFICE					
					IN	astiville				OFFICE					
ADDRESS								ITY/TOV				STATE		ZIP CC	
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE			TN		370°	13
SECTION C - H	EADQU	J ARTE	RS OR	ESTAB	BLISHN	MENT-I	LEVEL	IDENT	IFICA'	TION (if	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
EJ94266						Hun	itington			nse					
HEADQUARTERS OR ESTABLISHM		VEL ADI	DRESS					ITY/TOV				STATE		ZIP CC	DDE
3000 Yeoma	ın Way						HUI	NTING	ΓON			IN		467	50
	SECTI	ION D -	-EMP	LOYER			TION N	NUMBE	R (EIN	D)	•		•		
		SECTI	ON F	- EMPL	952920 OVED		FLIC	BII IT	v						
X YES (Employer Is Eligibl		-	-		-		_			NO LON	IGER I	IN BUSI	INESS		
	CTION														
52	CIIOI								пиррис	doic)					
YES (Single-Establishn	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 (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)															
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JOB CATEGORIES		<u>e</u>	ø	ck or Afric American	_	aiis	nerican Indian Alaska Native	e R	ø	or	_	aiis	American Indian Alaska Native	е В	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	2	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 Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4
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SECTION J	– HEA	DQUAI	RTERS	OR ES	TABL	ISHME	NT-LEV	VEL CO	MME	NTS (opt	tional)				

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ration Dat		
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OFS COMPANY ID		SECT	TON E	<u> </u>	PLOYE	R IDEN		ATION OYER N	IAME						
AC16425					N	lashville				OEEICE					
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ADDRESS								ITY/TOV				STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE			TN		370°	13
SECTION C - H	EADQU	J ARTE I	RS OR	ESTAB	BLISHN	MENT-I	EVEL	IDENT	'IFICA'	TION (i	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE					NAME				
EK02507						La	ke City	FL - G	reenlea	af					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	VEL ADD	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
4686 E Us H	lwy 90						LA	AKE CI	TY			FL		320	55
	SECTI	ION D -	EMP	LOYER	IDEN	ΓΙΓΙCA	TION N	UMBE	R (EIN)	L				
		SECTION	ON E -		952920 OYER	FILING	ELIG	BILIT	Y						
X YES (Employer Is Eligibl	e to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SE	CTION					OR DE			if applic	able)					
VEC (Single Establishe	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 ((Headquarters 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														
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				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		Two or More Races	Row
JOB CATEGORIES		<u>e</u>	ø	ck or Afric American	_	aiis	nerican Indian Alaska Native	e R	ø	o Je	u	aii s	American Indian Alaska Native	e R	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1	0	0 5	0	0	0	0	0	0	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	2	0	0	0	0	0	0	0	0	0	0	0	3
Administrative Support Workers Craft Workers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	0	0	17	1	0	0	1	0	2	0	0	0	0	0	21
Laborers and Helpers	1	0	3	2	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 2024 REPORTING YEAR TOTAL	3	0	33	3	0	0	1	0	4	0	0	0	0	0	44
PRIOR 2023 REPORTING YEAR TOTAL	3	0	28	4	0	0	0	1	4	0	0	0	0	0	40
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
			-	TION A			-								
,		SECT	ION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	IN - C	ORPO	RAIE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings E	Bouleva	ard					NA	ASHVIL	LE .			TN		3701	13
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	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
EK02608						Cr	estview	FL - G	reenle	af					
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DDE
2497 Panhand	le Lane)					В	ONIFA	Υ			FL		3242	25
	SECTI	ON D -	EMPI	LOYER	IDEN' 952920		TION N	UMBE	R (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 LO	NGER	IN BUSI	INESS		
SEC	CTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	TION (if applic	able)					
		Uni	ique En	ntity ID (UEI):	Not App	licable		**						
☐ YES (Single-Establishme	ment Employer is Federal Contractor)														
□ VES (H	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	(Headquarters is Federal Contractor)														
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	4231)N G − I ehicle P					salers						
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	or La	atino			M	lale					Fer	nale			
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JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian Alaska Native	Rac		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian Alaska Native	Rac	Row
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	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 Craft Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Operatives	0	0	14	2	0	0	0	0	1	0	0	0	0	0	17
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 2024 REPORTING YEAR TOTAL	0	0	28	2	0	0	0	0	3	0	0	0	0	0	33
PRIOR 2023 REPORTING YEAR TOTAL	0	0	25	1	0	0	0	0	3	0	0	0	0	0	29

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
				TION A				:T			l				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C – HI	EADOU	ARTEI	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ıble)	I		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME				
EK02691						Sava	annah (GA - Se	elf Serv	ice					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
1321 Highway	80 Wes	t					SA	VANN	ΑН			GA		3140	8
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPL			ELIGI	BILITY	7						
X YES (Employer Is Eligible					_					NO LON	NGER 1	N BUSI	INESS		
				-							· OZZ				
SEV	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ VES (Single-Establishm	hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) G (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
- · · ·	G (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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Executive/Senior Level Officials and Managers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	1
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	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 Administrative Support Workers	0	0	0	0	0	0	0	0	0	2	0	0	0	0	6
Craft Workers	0	0	4	3	0	0	0	1	0	0	0	0	0	0	8
Operatives	0	0	1	3	0	0	0	0	1	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 2024 REPORTING YEAR TOTAL	0	0	9	8	0	0	0	2	2	4	0	0	0	0	25
PRIOR 2023 REPORTING YEAR TOTAL	0	0	7	7	0	0	0	2	1	4	0	0	0	0	21

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

2024 EWII EOTEKT	SECTION A – TYPE OF REPORT													e: 11/30/	2026
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		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - I	HEADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
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HEADQUARTERS OR ESTABLISH		EL ADL	DRESS					TY/TOW				STATE		ZIP CO	
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X YES (Employer Is Eligib										NO LO	NGER I	N BUSI	INESS		
Si	· ·														
☐ YES (Single-Establish	nment Employer is Federal Contractor)														
□ VEC	(Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	423			ehicle P					salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
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				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>	o	ck or Afric American	u	aiig Isl	nerican Indian Alaska Native	e R	o o	or	_	aiis Isl	nerican Indian Alaska Native	e R	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	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	2	3	1	0	0	0	0	0	0	0	0	0	0	6
Administrative Support Workers Craft Workers	0 4	0	0	0 5	0	0	0	<u>0</u>	0	0	0	0	0	0	1 11
Operatives	2	0	1	1	0	0	0	0	0	0	0	0	0	0	4
Laborers and Helpers	3	0	2	3	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 2024 REPORTING YEAR TOTA		2	10	10	0	0	0	2	1	0	0	0	0	0	34
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PRIOR 2023 REPORTING YEAR TOTA	_ 6	2	11	11	1	0	0	4	1	0	0	0	0	0	36

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
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		SECT	TON B	- EMP	PLOYE	R IDEN									
OFS COMPANY ID								OYER N		055105	•				
AC16425					N	lashville				SFFICE					
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CO	DDE
5846 Crossings	Bouleva	ard					N.A	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	JARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
EK02965							Dallas T	X - Gre	enleaf						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				Cl	TY/TOW	VN			STATE		ZIP CO	DDE
5311 Botham C	ean Blv	'd					[DALLAS	S			TX		7521	15
	SECTI	ON D -	EMPI		IDEN' 952920	FIFICA' 0557	TION N	UMBE	R (EIN)	•		•		
						FILING									
X YES (Employer Is Eligibl	e to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER I	IN BUSI	INESS		
SE	CTION							TION (i	if applic	able)					
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☐ YES (Single-Establishn	☐ 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)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G − NAICS INFORMATION														
		140 - M	otor V	ehicle F	Parts (L	Jsed) M	erchant	Whole							
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	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	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	0
CURRENT 2024 REPORTING YEAR TOTAL	. 1	0	0	1	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL		0	0	1	0	0	0	0	0	0	0	0	0	0	4
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
				TION A BLISHI											
		SECT	ION I	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					N/	ASHVIL	LE			TN		370 ⁻	13
			DC OD	ECTA	T TOTTA	AENIE I				ELONI (C 1'				
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	KS OK							ΓΙΟΝ (1: Γ-LEVEL		able)			
EK02983					TILADQ	•	Jackso				TWINIL				
					1					•					
HEADQUARTERS OR ESTABLISHME			DRESS					ITY/TOV				STATE		ZIP CC	
4100 Interstate	55 Sou	th					J	ACKSC	N			MS		392	12
	SECTI	ON D -	EMP	LOYER	IDENT 952920		TION N	NUMBE	R (EIN)	•				
		SECTION	ON E -	-EMPL	OYER	FILING	ELIG	BILIT	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															
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 (Non-Headquarters Establishment 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) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
	423	140 - M	otor V	ehicle F	Parts (U	Ised) M	erchant	t Whole	salers						
				VORKE											
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	lale					Fer	nale			
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				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande		Two or More Races	Row
JOB CATEGORIES		Φ	4	ck or Afric American	_	iii s	nerican Indian Alaska Native	2		o eri	_	l iii ls	American Indian Alaska Native	2	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	1	0	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	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 Operatives	0	0	4	2	0	0	0	0	0	0	0	0	0	0	6
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 2024 REPORTING YEAR TOTAL	0	1	9	4	0	0	0	0	1	0	0	0	0	0	15
PRIOR 2023 REPORTING YEAR TOTAL	0	1	10	3	0	0	0	0	2	0	0	0	0	0	16
	;	SECTIO	ON I –	WORK 12082		E SNAP 1221202		PERIO	D						

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

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

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

				`								Expir	ation Dat	e: 11/30/	2026
				TON A - BLISHN				т.							
		SECT		- EMP											
OFS COMPANY ID		SECI	ION	- 121411	LOIL	K IDEN		OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CC	
5846 Crossings								SHVIL				TN		3701	13
SECTION C – H	EADQU	ARTE	RS OR									able)			
EK03010					неарс	•	ey WA			C-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	ENT LEX	/EL ADE	DECC		- 1	DUCKI		TY/TOW		aris		STATE		ZIP CO	DE
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X YES (Employer Is Eligible				EMPLO						NO LON	ICED I	IN RUCI	INIFCC		
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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 (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)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G − NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers															
		140 - M	otor V	ehicle P	arts (U	lsed) Me	erchant	Whole							
	SE	CCTION	V H – V	VORKF	ORCE										
	Hisn	anic					Race/E	tinnicity Hispan	•	atino					
		atino			М	ale	1101	Порил		uuno	Fen	nale			
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				Ę		Native Hawaiian or Other Pacific Islander	or e	Two or More Races		an		Native Hawaiian or Other Pacific Islander	o c	Two or More Races	
JOB CATEGORIES		σ		Black or African American	_	Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Ra		Black or African American	_	ıiiar Isla	American Indian or Alaska Native	Ra	Row Total
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Executive/Senior Level Officials and Managers	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 Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	1	0	7	1	1	0	0	0	0	0	0	0	0	0	10
Operatives	0	0	5	0	1	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 2024 REPORTING YEAR TOTAL	1	0	14	1	2	0	0	0	2	0	0	0	0	0	20
PRIOR 2023 REPORTING YEAR TOTAL	1	0	14	1	1	0	0	0	2	0	0	0	0	0	19
		SECTIO	NI-	WORK	FORCI	ESNAP	SHOT I	PERIO	<u> </u>						1

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
				TON A				RT							
		SECT	ION E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	/N			STATE		ZIP CC	DDE
5846 Crossings I	Souleva	ırd						SHVIL				TN		370	
														370	10
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	ARTE	RS OR							ΓΙΟΝ (11 Γ-LEVEL		able)			
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HEADQUARTERS OR ESTABLISHME			RESS				CI	TY/TOV	VN			STATE		ZIP CC	DDE
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		SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILIT	Y						
X YES (Employer Is Eligible	to File)	Пио	(Empl	over Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
	CTION														
SEC	JIION							HON (п аррис	able)					
□ * 7E0 (0' 1 E (11' 1	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)														
L YES (Single-Establishm	hment Employer is Federal Contractor)														
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JOB CATEGORIES	-	<u>e</u>	a)	ck or Afric American	_	lsi äi	ıdia	8		or	_	lä lä	nerican Indian Alaska Native	8	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	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 Administrative Support Workers	0	0	0	0	0	0	0	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	0	0	1	5	0	0	0	0	0	0	0	0	0	0	6
Laborers and Helpers	1	0	0	2	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 2024 REPORTING YEAR TOTAL	2	0	5	9	0	0	0	0	1	0	0	0	0	0	17
PRIOR 2023 REPORTING YEAR TOTAL	3	0	7	8	0	0	0	0	1	0	0	0	0	0	19

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO	N KEI	OKI (EEO-	COM	PONE	N1 1)					ration Dat		
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AC16425					N	ashville				OFFICE					
						donvino				011102					
ADDRESS								TY/TOW				STATE		ZIP CC	
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C - H	EADQU	JARTEI	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	TION (i	f applica	able)	'		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	(UARTEI				Γ-LEVEL	NAME				
EP13502							Mont	gomery	/ AL						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	RESS					TY/TOW				STATE		ZIP CC	DDE
5112 Lower Wetu	mpka R	load					MON	ITGOM	IERY			AL		3611	10
	SECTI	ON D -	EMPl	LOYER	IDENT 052920		TION N	UMBE	R (EIN)	-				
	:	SECTIO	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		
SE	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA	ΓΙΟΝ (i	if applic	able)					
	· ·														
☐ YES (Single-Establishn	olishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) (ES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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	1	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	1	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 2024 REPORTING YEAR TOTAL	0	0	3	1	0	0	0	0	2	0	0	0	0	0	6
PRIOR 2023 REPORTING YEAR TOTAL	0	0	3	1	0	0	0	0	2	0	0	0	0	0	6

SECTION I – WORKFORCE SNAPSHOT PERIOD

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

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

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

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

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		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
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AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossing	s Bouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C -	HEADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID EP13762					HEADQ	UARTE				Γ-LEVEL	NAME				
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X YES (Employer Is Eligib				-							NGER	IN BUS	INESS		
S	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)														
□ VES (Single-Establish	ment Emr							tahlishm	ent Em	nlover 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)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G − NAICS INFORMATION															
		140 - M	otor V	ehicle P	arts (U	lsed) Me	erchant	Whole							
	SE	CTION	V H – V	VORKF	ORCE										
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				⊆		Native Hawaiian or Other Pacific Islander	or \$	ses		a a		Native Hawaiian or Other Pacific Islander	p e	ses	
JOB CATEGORIES		4		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 or Alaska Native	Two or More Races	Row
	Male	Female	White	ck or Afric American	Asian	ıwa fic I	Inc	ore	White	Black or an Amer	Asian	rwa fic I	l Inc	ore	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 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	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	10	1	1	2	0	2	0	1	0	0	0	0	0	0	17
Laborers and Helpers	2	1	1	0	0	2	0	0	0	1	0	0	0	0	7
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTA	L 12	2	4	3	0	4	0	1	0	2	0	0	0	0	28
PRIOR 2023 REPORTING YEAR TOTA	L 12	1	4	2	0	4	0	0	0	3	1	0	0	1	28
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SECTION I - WORKFORCE SNAPSHOT PERIOL

12082024 - 12212024

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

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

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

OMB Control Number: 3046-0049

												Expir	ation Dat	e: 11/30/.	2026
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OFS COMPANY ID					NI.	ashville		OYER N		SEELOE					
AC16425					IN	asnville				JFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICAT	TION (if	applica	ıble)	· ·		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADÇ	UARTE	RS OR ES	TABLIS	HMENT	-LEVEL	NAME				
EP13832						Hu	tchins ⁻	TX Whe	el Plar	nt					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
415 North								JTCHIN				TX		7514	

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X YES (Employer Is Eligible										NO LON	IGER I	N BUSI	INESS		
						OR DES									
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☐ 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) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
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SECTION G - NAICS INFORMATION															
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				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
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	21	0	2	4	0	0	0	0	0	0	0	0	0	0	27
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3 0
CURRENT 2024 REPORTING YEAR TOTAL	23	1	4	4	0	0	0	0	0	0	0	0	0	0	32
PRIOR 2023 REPORTING YEAR TOTAL	23	1	5	3	0	0	0	0	0	0	0	0	0	0	32
		SECTIO	ON I –			E SNAP:		PERIO)						

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

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

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

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

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		CECT		BLISH											
OFS COMPANY ID		SECI	IONE	B – EMP	LOYE	K IDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
5846 Crossing	s Bouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C -	HEADQU	JARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
EP14125								ginaw N			ı		1		
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOW				STATE		ZIP CC	
3052 W Sawye								AGINA'				MI		4860)1
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V VEC (E Is all all				- EMPL						NO LON	ICED	INI DIJE	NIEGO		
X YES (Employer Is Eligible)											NGER	IN BUS	INESS		
S	ECTION			tity ID (TION (1	if applic	able)					
☐ VES (Single-Establish	ment Emr							tablishm	nent Em	nlover is	Federa	1 Contra	ctor)		
- · · ·	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)														
LIES	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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							Race/E		•						
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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	an	Two or More Races	Row
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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 Professionals	0	0	0	0	0	0	0	0	0	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	1	0	0	0	0	0	0	0	0	0	0	5
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 2024 REPORTING YEAR TOTA	L 0	0	6	1	0	0	0	0	0	0	0	0	0	0	7
PRIOR 2023 REPORTING YEAR TOTA	L 0	0	6	1	0	0	0	0	0	0	0	0	0	0	7
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SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ation Dat		
				TION A		-	-				ı				
		SECT	_	B – EMP			_								
OFS COMPANY ID		BECI	10111	<u> Livii</u>	LOIL	K IDE.		OYER N	AME						
AC16425					N	lashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	/NI			STATE		ZIP CC	DE
	Doubous	u al						SHVIL				TN			
5846 Crossings E														370	13
SECTION C - HE	EADQU	ARTE	RS OR							ΓΙΟΝ (it Γ-LEVEL		able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•					NAME				
EP14334						Va	Illey Vie			X					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS					TY/TOW				STATE		ZIP CC	DDE
16485 Rocksid	e Road	ı					MAPL	E HEI	GHTS			OH		4413	37
	SECTI	ON D -	EMP	LOYER	IDENT		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		
SEC	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
	· ·														
☐ YES (Single-Establishme	elishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) WES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
_ _ · · ·	S (Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
L YES (H	•														
	S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION														
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JOB CATEGORIES		<u>e</u>	ø	ck or Afric American	_	aii	ndi. Iati	e F	ø	or 1er	_	aii	American Indian Alaska Native	e	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5 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 Laborers and Helpers	0	1	5 3	0	0	0	0	0	0	0	0	0	0	<u>0</u>	10 7
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	2	1	15	4	0	0	0	0	1	0	0	0	0	1	24
DDIOD 2022 DEDODTING VEAD TOTAL	4	1	20	4	0	0	0	0	1	0	0	0	0	0	30

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

2024 EMI LOTEKTIV	FORM	IATIO	N KEI	OKI (EEO-	COM	IONE	1111)				Expir	ation Dat	e: 11/30/	2026
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		SECT	TON B	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		370	13
SECTION C - H	EADOL	IARTEI	PS OR	FSTAR	I ISHN	/FNT-I				TION (it	fannlica	hle)			
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EP15005							Hunting								
HEADQUARTERS OR ESTABLISHMI	ENIT I EX	ZEL ADE	DECC		-			TY/TOV				STATE		ZIP CC	NDE
1870 Riverfork			KESS					NTING				IN		4675	
1070 Riverior												IIN		4073	5 0
	SECTI	ON D -	EMPI			ΓIFICA'	TION N	UMBE	R (EIN)					
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X YES (Employer Is Eligible	Unique Entity ID (UEI): Not Applicable														
SEG															
	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm	nment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
□ VEC (I	hment Employer is Federal Contractor)														
L IES (I	6 (Headquarters is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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JOB CATEGORIES		a)		ric	_	ija Isla	dia ti	ž		or eric	_	ıiia Isla	dia	S.	Row Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	3	0	0	0	0	0	6
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 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	10	0	0	0	0	1	0	0	0	0	0	0	11
Laborers and Helpers	0	0	24	0	0	0	0	1	7	0	0	0	0	0	32
Service Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
CURRENT 2024 REPORTING YEAR TOTAL	0	0	40	0	0	0	0	2	13	0	0	0	0	0	55
PRIOR 2023 REPORTING YEAR TOTAL	0	0	40	0	0	0	0	1	14	0	0	0	0	0	55

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

2024 EMI LOTEKTI	II OKWI	AHO	IN INE	OKI (EEO-	COM	ONE	111)				Expir	ation Dat	e: 11/30/	2026
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		OF CI													
OFS COMPANY ID		SECI	IONE	B – EMP	LUYE	K IDEN		OYER N	AME						
AC16425					N	achvilla				OFFICE	=				
						asiiviiie				OFFICE	-				
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DDE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADOU	JARTEI	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	TION (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		•			
EP15260						Ka	nsas Ci	ty MO	- Dist C	Ctr					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DDE
101 North Belr	nont Blv	d					KAN	ISAS C	CITY			MO		6412	23
	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
	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)														
X YES (Employer Is Eligib	e to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SF	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	Federa	l Contra	ctor)		
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☐ YES	Headquai							_					actor)		
	Unique Entity ID (UEI): Not Applicable Imment 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)														
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	SE			VORKE											
							Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fer	nale			
						or der	٦٢	S				or der	J.	S	
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	a	<u>o</u>	Ð	ck or Afric American	_	aii	ndi. Iati	9	O	or Jer	_	aii	ndi. Iati	9	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals 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	3	1	1	0	0	0	0	0	0	0	0	0	7
Laborers and Helpers Service Workers	2	1	4	3	2	1	0	3	2	3	0	0	0	0	21
CURRENT 2024 REPORTING YEAR TOTAL	. 4	1	0	0	3	1	0	3	2	3	0	0	0	0	0 29
COMMENT 2027 REI ONTING TEAR TOTAL	7			7		<u>'</u>	, , , , , , , , , , , , , , , , , , ,			J			, , , , , , , , , , , , , , , , , , ,		20
DDIOD 2022 DEDODTING VEAD TOTAL	1	1	Q	6	4	1	0	2	2	2	0	0	0	0	33

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

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

	SECTION A - T	YPE OF REPORT											
	ESTABLISHMEI	NT-LEVEL REPORT											
	SECTION B - EMPLO	YER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME											
AC16425 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE													
ADDRESS CITY/TOWN STATE ZIP CODE													
5846 Crossin	gs Boulevard	NASHVILLE	TN	37013									
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	icable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE										
EP15467		Saturn Wheel - Warren IN											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
706 Rai	Iroad St	WARREN	IN	46792									
		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) 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

339999 - All Other Miscellaneous Manufacturing

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	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	27	1	1	0	1	1	1	0	0	0	0	0	35
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 2024 REPORTING YEAR TOTAL	3	0	34	1	1	0	1	1	1	0	0	0	0	0	42
PRIOR 2023 REPORTING YEAR TOTAL	2	0	30	2	1	0	1	2	3	0	0	0	0	0	41

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

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

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

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				B – EMP											
OFS COMPANY ID		SECI	ION B	- ENIF	LOIL	KIDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DDE
5846 Crossing	s Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - I	HEADQU	ARTEI	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
EP16644						Colo	rado Sp	orings (CO - US	S83					
HEADQUARTERS OR ESTABLISH			RESS					TY/TOW				STATE		ZIP CO	
1727 Jetstre	am Drive					C	OLOR	ADO S	PRING	S		CO		8092	21
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
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 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															
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) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
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JOB CATEGORIES		ø		Black or African American	_	aiia Isla	dia	Ra		Black or African American	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	Ra	Row Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Professionals Tachnising	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	2	0	3	0	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	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 2024 REPORTING YEAR TOTA	L 3	0	4	1	0	0	0	0	0	0	0	0	0	0	8
PRIOR 2023 REPORTING YEAR TOTA	L 3	0	5	0	0	0	0	0	0	0	0	0	0	0	8
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12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
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OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
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5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		370	13
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SECTION C – HI	EADQU	ARTE	RS OR							ΓΙΟΝ (11 Γ-LEVEL		able)			
-					HEADQ	UARTE				I-LEVEL	NAME				
EP17018							Lake	ewood	NJ						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
900 Towbin	Ave						LA	KEWO	OD			NJ		0870)1
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN)					
	CCTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
VEC (Employer Is Eligible	SECTION E – EMPLOYER FILING ELIGIBILITY le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
	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														
SEC	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														
	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	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	3	1	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers Service Workers	1	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
CURRENT 2024 REPORTING YEAR TOTAL	2	0	7	1	0	0	0	0	0	0	0	0	0	0	10
PRIOR 2022 REPORTING VEAR TOTAL	2	0	10	2	0	0	0	0	1	0	0	0	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

EEOC Standard Form 100 (SF 100)

•	R INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT													imber: 30 te: 11/30	
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				BLISH											
OFS COMPANY ID		SECT	TION E	3 – EMI	LOYE	R IDEN		ATION .OYER N	AME						
AC16425					N	lashville				OFFICE	=				
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N	ASHVIL	LE			TN		370	13
SECTION C - H	IEADQU	JARTE	RS OR	ESTAF	LISHN	MENT-I	LEVEL	IDENT	TFICA'	ΓΙΟΝ (i	f applica	able)	I		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE:	RS OR E	STABLIS	SHMENT	-LEVEL	NAME				
EP17975							Jan	esville '	WI						
HEADQUARTERS OR ESTABLISHM														ZIP CC	DDE
2101 Belo	loit Ave JANESVILLE WI 535													46	
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
X YES (Employer Is Eligib		-	-	- EMPL oyer Is N	-					NO LO	NGER I	IN BUS	INESS		
SI	ECTION			L CON					if applic	able)					
☐ YES (Single-Establish	ment Emp		-	-					nent Em	ployer is	s Federa	l Contra	ictor)		
☐ YES	Headqua	rters is	Federal	Contrac	tor)	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	al Cont	ractor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqı	uarters I	Establish	ments i	s Federa	al Contra	actor)			
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JOB CATEGORIES	<u>ə</u>	emale	te	or African Ierican	sian	lawaiian or cific Islander	an Indian or ca Native	More Races	te	ack or n American	sian	lawaiian or cific Islander	an Indian or ca Native	More Races	Row Total
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JOB CATEGORIES	Male	Female	White	Black or Afrion American	Asian	Native Hawaiian or Other Pacific Islander	American Indian Alaska Native	Two or More F	White	Black or African American	Asian	Native Hawaiian Other Pacific Islar	American Indian 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	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	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	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT	(EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Da			
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OFS COMPANY ID		SECT	TION I	3 – EMI	PLOYE	R IDEN		ATION LOYER N	LAME							
AC16425					N	lachville				OFFICE	=					
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ADDRESS								ITY/TOV				STATE		ZIP CO		
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE.			TN		370	13	
SECTION C - H	EADQU	JARTE	RS OR	ESTAI	BLISHN	MENT-I	LEVEL	IDENT	'IFICA'	TION (i	if applica	able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD(-				T-LEVEI	NAME					
EP35575						Ch	nesapea	ake VA	- Norfo	olk						
HEADQUARTERS OR ESTABLISHM	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557															
5409 West Mil	itary Hw	CCTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)														
	SECTI	FION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557														
		ECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)														
		952920557 SECTION E – EMPLOYER FILING ELIGIBILITY														
X YES (Employer Is Eligible	e to File)	o File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
SF	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
	CIIOI	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establish	nent Emr		-	-					nent Em	nnlover i	s Federa	l Contra	ctor)			
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JOB CATEGORIES	-	<u>0</u>	d)	ck or Afric American	_	aii ls	nerican Indian Alaska Native	₽	0	o eri	_ ا	li≘ ls	nerican Indian Alaska Native	₽	Total	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers Professionals	0	0	4 0	0	0	0	0	0	0	0	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	3	0	0	0	0	0	0	0	0	0	0	0	3	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

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

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

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

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AC16425					N	ashville				OFFICE					
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ADDRESS	Doulous	a rad										STATE		ZIP CO	
5846 Crossings								SHVIL				TN		3701	13
SECTION C - I HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	ARTE	RS OR	ESTAB	LISHN	<u>IENT-L</u> DUARTEI	EVEL	IDENT	IFICA'	FION (it	f applica	able)			
EP38151					пеарс		tsville /				INAME				
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HEADQUARTERS OR ESTABLISH			DRESS					TY/TOW				STATE		ZIP CO	
6942 Stringfi	eid Road						HU	NTSVII	LLE			AL		3580	J 6
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V vreger to the training	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) <u>Unique Entity ID (UEI)</u> : Not 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)															
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	1	1	0	0	0	0	3
Administrative Support Workers	0	0	0	2	0	0	0	0	0	1	0	0	0	1	5
Craft Workers Operatives	0	0	1	1	0	0	0	0	1	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 2024 REPORTING YEAR TOTA	L 1	0	2	5	0	0	0	0	3	4	0	0	0	1	16
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PRIOR 2023 REPORTING YEAR TOTA		0	1	8	0	0	0	0	4	4	0	0	0	0	17
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12082024 - 12212024

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

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

2024 EMPLOYER INI	OKM	AHO	NKEI	OKI (EEO-	I COM	PONE	N1 1)					ation Dat		
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		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings E	3ouleva	ard					NA	SHVIL	LE			TN		370°	13
SECTION C – HE	A DOL'	ARTEI	PS OR	FSTAR	I ISHN	AFNT-I	FVFI	IDENT	IFICA'	TION (it	f annlies	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	#IDQU	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NO OIL	LOIME	HEADQ	UARTE	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME	1010)			
EP38248						Gree	nville N	C-EC	arolina	a-SS					
HEADQUARTERS OR ESTABLISHME	NT LEX	/EL ADD	DECC					TY/TOW				STATE	1	ZIP CC	NDE
4558 U.S.		EL ADL	KESS					EENVII				NC		2783	
												IVC		2100)4
	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 SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
		SECTIO	ON E -				ELIGI	RILITY	<i>y</i>						
X VES (Employer Is Eligible										NO LON	NGER I	IN RUSI	INESS		
				-							10211		1200		
SEC	JION .			tity ID (TION (I	п аррис	able)					
YES (Single-Establishme	ant Emr		_	-				tobliche	ont Em	nlover is	Endore	1 Contro	ator)		
- · · ·	-	•													
TYES (H	leadqua	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	-Headqu	arters E	Establish	ments i	s Federa	l Contra	actor)			
)N G - 1											
				ehicle P VORKF											
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	Hier	anic	1					Hispan	•	atino					
		atino			M	lale	NOL	ilispail	lic or L	atino	Fer	nale			
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				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	ye ve	Two or More Races	Row
JOB CATEGORIES	_	<u>o</u>		ck or Afric American	٠	i≌ is	nerican Indian Alaska Native	2		or	_	ajie Isl	American Indian Alaska Native	8	Total
	Male	Female	White	r A	Asian	aw Hic	= Z	0.0	White	Black or	Asian	aw	- K	<u>o</u>	10101
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						20	`	-				20	`	_	
Executive/Senior Level 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 Salas Workers	0	1	0	0	0	0	0	0	0	3	0	0	0	0	0 5
Sales Workers Administrative Support Workers	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Craft Workers	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	2	0	0	4	0	0	0	1	0	0	0	0	0	0	7
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	9	1	1	4	0	0	0	1	0	3	0	0	0	0	19
PRIOR 2023 REPORTING YEAR TOTAL	5	1	4	6	0	0	0	1	0	2	0	0	0	0	19

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

18

2024 EMPLOYER INI	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													mber: 30/ e: 11/30/	
			SECT	TION A	– TYPI	E OF RI	EPORT								
			ESTA	BLISHN	/ENT-L	EVEL I	REPOR	RT							
		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings E	Bouleva	ard					NA	ASHVIL	LE			TN		370′	13
SECTION C - HE	ADQU	ARTEI	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICAT	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	-LEVEL	NAME				
EP38545							Austin	TX - A	FAS						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
7900 South Congre	ess Ave	enue					1	AUSTIN	1			TX		7874	1 5
	SECTI	ON D -	EMPI	LOYER	IDENT	TIFICA	TION N	UMBE	R (EIN)					
					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														
	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														
—	Unique Entity ID (UEI): Not Applicable shment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
	shment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (H	shment Employer is Federal Contractor)														
		S	ECTIO)N G - 1	NAICS	INFOR	MATIO)N							
				ehicle P											
	SE	CTION	N H – V	VORKF	ORCE			thnicity							1
	Hien	anic	1					Hispan		atino					
		atino			М	ale	NOL	ilispail	IC OI L	atino	Fer	nale			
				_		or der	ō	es S		_		Native Hawaiian or Other Pacific Islander	ō	es	
IOD 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	an	Two or More Races	Row
JOB CATEGORIES	ø.	Female	ø,	ck or Afric American	u	raiis S Is	ndi Iati	e E	ø.	Black or	_	aii	American Indian Alaska Native	ė.	Total
	Male	Ë	White	or A eric	Asian	a ific	ın lı a N	l o	White	P An	Asian	ii a	ın lı	Лor	
	_	Fe	>	ke F	¥	Pac H	ica Isk		>	Bla	<	Pac H	ica Isk	r.	
				lac /		er F	ner Ala	0		ric		e Ę	Ala	0 0	
				В		Na F	An ,	I≥		¥		F a	An ,	≥	
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	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	3 0
Sales Workers	1	0	0	1	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	2	0	1	2	0	0	0	0	0	0	0	0	0	0	5
Operatives	6	0	2	1	1	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 2024 REPORTING YEAR TOTAL	11	0	4	5	1	0	0	1	1	0	0	0	0	0	23

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

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

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

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

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

ZIP CODE

77045

STATE

SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** TN 37013 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EP38677 Houston TX - SS Houston SW

> 12575 Hiram Clarke Rd **HOUSTON** TX SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

SECTION E - EMPLOYER FILING ELIGIBILITY

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

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable

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

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

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

CITY/TOWN

SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity																
		anic	Not Hispanic or Latino Male Female													
	or La	atino			M	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	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	1	1	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	6	2	0	0	0	0	0	0	0	2	0	0	0	0	10	
Administrative Support Workers	0	2	0	1	0	0	0	0	0	0	0	0	0	0	3	
Craft Workers	1	0	0	2	0	0	0	0	0	0	0	0	0	0	3	
Operatives	4	2	1	8	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 2024 REPORTING YEAR TOTAL	11	6	2	11	0	0	0	0	0	2	0	0	0	1	33	
PRIOR 2023 REPORTING YEAR TOTAL	10	7	1	8	0	0	0	0	0	0	0	0	0	0	26	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
			SECT	TION A	– TYPI	E OF RI	EPORT										
			ESTA	BLISH	ΛΕΝΤ-Ι	LEVEL	REPOR	RT									
		SECT	TON B	В – ЕМР	LOYE	R IDEN	TIFICA	TION									
OFS COMPANY ID		5201	10112		2012			OYER N	AME								
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE							
ADDRESS								TY/TOW				STATE		ZIP CC	DE		
5846 Crossings E								SHVIL				TN		370′	13		
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	UARTE					NAME						
EP38886						Milw	aukee \	WI -SS	AutoPa	arts							
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADD	RESS				CI	TY/TOW	/N			STATE	ZIP CC	DE			
6102 South 13T	h Stree	et					MIL	_WAUK	ŒΕ			WI		5322			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)																	
		CECTI	AN E		952920		FLICI	DII ITY	17								
SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS																	
				-							NGER	IN BUS	INESS				
SEC	CTION			L CONT				TION (i	if applic	able)							
			-	tity ID (
YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)																	
□ vfs/H	leadana	rtere ie I	Sederal	Contrac	tor)	VFS (N	Ion_Head	danarter	e Fetabl	ichment	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)																	
									ments i	s Federa	d Contra	actor)					
	423	140 - M	otor V	ON G - I ehicle P	arts (U	lsed) M	erchant	Whole	salers								
	SE	CTION	1 H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA								
							Race/E	thnicity	y								
		anic					Not	Hispan	ic or L	atino.							
	or La	atino			М	Male F							emale				
						_						_					
				_		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races			
				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 Alaska Native	ac	Row		
JOB CATEGORIES	-	<u>o</u>	an an	ck or Afric American	_	lä lis	ıdi	02		o je	_	lä lis	nerican Indian Alaska Native	8	Total		
	Male	Female	White	r A	Asian	Fic	_ Z N	o.	White	Black or	Asian	Fic	_ Z	ō			
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F ((0) 1 10(") 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	2		
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	2	1	0	0	0	0	0	0	0	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	9	0	0	1	0	0	1	0	0	0	0	0	0	0	11		
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	14	1	2	1	0	0	1	0	0	3	0	0	0	0	22		
CURRENT 2024 REPORTING YEAR TOTAL	14			1 1	U	U	I I	U	U	J 3	U	U	U	U			

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
				TON A				rT				1					
	SECTION B - EMPLOYER IDENTIFICATION																
OFS COMPANY ID	EMPLOYER NAME Nashville TN - CORPORATE OFFICE																
AC16425					N	ashville	IN - C	ORPO	RATE	OFFICE							
ADDRESS								TY/TOW				STATE		ZIP CC	DE		
5846 Crossings E	5846 Crossings Boulevard NASHVILLE										TN 37013						
SECTION C - HI	EADQU	ARTEI	RS OR									able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME						
EP39777							Ne	wark O	Н								
HEADQUARTERS OR ESTABLISHME												STATE		ZIP CC	DE		
13769 Marn	e Rd						N	EWAR	K			OH		4305	55		
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-Establishm	ent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)				
□ VES (H	Ieadana	rters is I	Sederal	Contrac	tor) \square	VES (N	on-Head	lanarter	e Fetahl	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																	
				VORKF													
							Race/E	thnicit	у								
		anic					Not	Hispan	ic or L	atino							
	or La	atino		1	М	ale				1	Fen	nale					
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				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>	a)	Black or African American	_	aiia	ndia ativ	e R	a)	or neri	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	e R	Total		
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				ш		P A	An	_		Ä		R A	An	_			
												Ŭ					
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	0	0	0	0	0	0	0		
Administrative Support Workers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0 6		
Craft Workers Operatives	0	0	9	0	0	0	0	1	0	0	0	0	0	0	10		
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 2024 REPORTING YEAR TOTAL	0	0	17	1	0	0	0	1	2	0	0	0	0	0	21		
PRIOR 2023 REPORTING YEAR TOTAL	0	0	20	1	0	0	0	1	2	0	0	0	0	0	24		

SECTION I – WORKFORCE SNAPSHOT PERIOD

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

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ation Dat		
						E OF RI LEVEL					ı				
		SECT				R IDEN									
OFS COMPANY ID		SECI	ION) – EMI	LUIE	KIDEN		OYER N	AME						
AC16425					N	lashville				OFFICE					
ADDRESS							CI	TY/TOV	/NI			STATE	1	ZIP CC	NDE
	Daulau	a mad						ASHVIL							
5846 Crossings												TN		370′	13
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	<u>EADQU</u>	JARTE	RS OR	ESTAB	LISHN	MENT-L	LEVEL :	IDENT	IFICA'	ΓΙΟΝ (it Γ-LEVEL	f applica	able)			
					неарс	•					NAME				
EP39911						Con	way AR			uto					
HEADQUARTERS OR ESTABLISHM		EL ADE	DRESS					TY/TOV				STATE		ZIP CC	
650 Simon	Road						С	ONWA	·Υ			AR		7203	32
	SECTI	ON D -	EMPI		IDEN 952920	ΓΙΓΙCΑ'	TION N	UMBE	R (EIN)	•		•		
	í	SECTIO	ON E -			FILING	ELIGI	BILIT	Y						
X YES (Employer Is Eligibl	e to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER 1	IN BUS	INESS		
SE	CTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA	TION (if applic	able)					
		Uni	ique En	tity ID (UEI):	Not App	olicable		• •						
☐ YES (Single-Establishm	nent Emp	oloyer is	Federa	l Contra	ctor)	YES (Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (Headana	rtere ie I	Federal	Contrac	tor) \square	VFS (N	Ion_Head	danarter	c Ectabl	ichment	ic Feder	ral Contr	actor)		
	icadqua							-					actor)		
									iments 1	s Federa	I Contra	actor)			
	423					INFOR			salers						
	SF	ECTION	V H – V	VORKE	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicit	у						
		oanic					Not	Hispan	ic or L	.atino					
	or La	atino		ı	M	lale	1	ı		1	Fer	nale	1		
				⊆		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		an		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
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Professionals	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	9
Administrative Support Workers Craft Workers	0	0	0 5	1	0	0	0	0	0	0	0	0	0	0	6
Operatives	2	0	6	2	0	0	0	0	0	0	0	0	0	0	10
Laborers and Helpers	0	0	1	5	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 2024 REPORTING YEAR TOTAL	2	1	25	8	0	0	0	0	1	0	0	0	0	0	37
PRIOR 2023 REPORTING YEAR TOTAL	2	1	23	7	0	0	0	1	1	0	0	0	0	0	35

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
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		Uni	ique En	tity ID (UEI):	Not App	licable								
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
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JOB CATEGORIES		o o		Black or African American	_	aiia Isla	dia ativ	8	_	eric o	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	R	Row Total
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Executive/Senior Level Officials and Managers 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	0	0	0	0	0	0	0
Administrative Support Workers	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	1	0	0	0	0	0	0	7 5
Laborers and Helpers Service Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2024 REPORTING YEAR TOTAL	0	0	12	0	1	0	0	3	0	0	0	0	0	0	16
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SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ration Da		
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SECTION C - HI	EADOU	ARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	TFICA'	TION (i	f applica	able)	<u> </u>		
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		SECTION	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	NGER	IN BUS	INESS		
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Craft Workers	U	U	3	U	U	U	U	U	U	U	U	U	U	U	3

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

Operatives

Laborers and Helpers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

Service Workers

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

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

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

SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425

ADDRESS

ADDRESS

S846 Crossings Boulevard

CITY/TOWN

NASHVILLE

NASHVILLE

TN

37013

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
T135 Highway 70 West LA GRANGE NC 28551

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

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

							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	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	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	1	0	4	2	0	0	0	1	0	0	0	0	0	0	8
Operatives	1	0	11	0	0	0	0	0	4	0	0	0	0	0	16
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 2024 REPORTING YEAR TOTAL	2	0	19	3	0	0	0	1	7	1	0	0	0	0	33
PRIOR 2023 REPORTING YEAR TOTAL	4	0	22	4	0	0	0	1	7	0	0	0	0	0	38

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
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OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C - H	EADQU	ARTE	RS OR									ıble)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				T-LEVEL	NAME				
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	,	SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
XYES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPLO	OYER I	NO LON	NGER I	N BUS	INESS		
SE	CTION					OR DE		ΓΙΟΝ (i	f 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	ent Em	ployer is	Federa	l Contra	ctor)		
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	3	0	1	0	0	0	0	1	2	0	0	0	0	0	7
Administrative Support Workers	2	3	0	0	0	0	0	0	0	0	0	0	0	0	5
Craft Workers Operatives	18	0	0 4	0	0	1	0	2	0	0	0	0	0	0	2 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 2024 REPORTING YEAR TOTAL	24	4	6	1	0	1	0	3	2	0	0	0	0	0	41
PRIOR 2023 REPORTING YEAR TOTAL	29	5	1	1	0	0	0	1	1	0	0	0	0	0	38

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ation Dat		
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OFS COMPANY ID								OYER N							
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ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (if	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME	·			
ET08511						Мо	nrovia (CA - Pi	ck A Pa	art					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
3333 Peck	Rd						M	ONRO\	/IA			CA		9101	16
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	SECTI	OND	Livili	SOILK	53072	886	110111	CNIDL	II (LII)	,					
	;	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 1	IN BUSI	INESS		
SE	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA'	TION (i	f applic	able)					
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YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor)	YES (Multi-Es	tablishn	ent Em	ployer is	Federa	1 Contra	ctor)		
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JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Rac		Black or African American		ian	American Indian Alaska Native	Rac	Row
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Executive/Senior Level Officials and Managers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	1	0	0	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	6	0	1	0	0	0	0	0	0	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 Operatives	22	0	0	0	0	0	0	2	0	0	0	0	0	0	24
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	36	2	1	0	0	0	0	2	1	0	0	0	0	0	42
PRIOR 2023 REPORTING YEAR TOTAL	34	2	3	0	0	0	0	2	2	0	0	0	0	0	43

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER	INFORMATION REPORT (EE	CO-1 COMPONENT 1)		on Date: 11/30/2026							
		TYPE OF REPORT									
		NT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
AC16425		Nashville TN - CORPORATE OFFICE									
ADDRESS CITY/TOWN STATE ZIP CODE											
5846 Crossings Boulevard NASHVILLE TN 37013											
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
ET09026		Grand Prairie TX - ATK									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
1102 W N Carrier P	arkway, SUITE 100	GRAND PRAIRIE	TX	75050							
		ENTIFICATION NUMBER (EIN) 920557									
	SECTION E - EMPLOY	ER FILING ELIGIBILITY		•							
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File) TEMPLOYER NO LONGE	R IN BUSINI	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

336390 - Other Motor Vehicle Parts Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	51		111 ,	· OILILI	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	4	0	0	0	0	0	0	0	0	0	0	0	4
First/Mid-Level Officials and Managers	11	3	12	0	0	0	0	0	2	0	1	0	0	0	29
Professionals	1	2	7	2	0	0	0	0	2	0	0	0	0	0	14
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	6	0	4	0	0	0	0	0	0	0	0	0	0	0	10
Administrative Support Workers	5	5	8	1	0	0	0	2	4	0	1	0	0	1	27
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	18	6	9	4	0	0	1	2	0	0	0	0	0	0	40
Laborers and Helpers	4	2	2	1	1	0	0	1	0	2	0	0	0	0	13
Service Workers	1	5	1	0	0	0	0	1	1	3	0	0	0	2	14
CURRENT 2024 REPORTING YEAR TOTAL	46	23	47	8	1	0	1	6	9	5	2	0	0	3	151
PRIOR 2023 REPORTING YEAR TOTAL	50	19	42	6	2	0	1	5	10	6	2	0	0	4	147

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
						E OF RI		T.				•			
		SECT	ION B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings E	Bouleva	ırd					NA	SHVIL	LE			TN		3701	13
SECTION C - HE	ADOU	ARTEI	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
EV23581							Dayton	OH - [Depot						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
1751 Stanley								AYTO				ОН		4540	
		ON D -	EMPI			TIFICA')					
		SECTIO	ON E -		952920 OYER	557 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 BUS	INESS		
SEC	TION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	f applic	able)					
						Not App			11	,					
☐ YES (Single-Establishme	ent Emp	loyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	ent Em	ployer is	Federal	l Contra	ctor)		
YES (H	[eadana	rtere ic I	Sederal	Contrac	tor)	VFS (N	on-Head	lanarter	e Fetabl	ichment	is Feder	al Contr	actor)		
TES (II	cauqua							_					actor)		
						_			ments i	s Federa	I Contra	actor)			
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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	Female	Ð	ck or Afric American	u	/aii	ndi Iati	ė	ø	or	u	/aii	ndi Iati	ė	Total
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				ш		울동	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 Operatives	0	0	2	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	2	2	0	0	0	0	1	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	0	0	3	2	0	0	0	0	1	0	0	0	0	0	6

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER	INFORMATION REPORT (EF	CO-1 COMPONENT 1)		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		Nashville TN - CORPORATE OFFICE										
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
5846 Crossin	gs Boulevard	NASHVILLE	TN	37013								
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HO/ESTABLISHMENT LEVEL LINIT ID HEADQUAPTERS OR ESTABLISHMENT LEVEL INJURE HEADQUAPTERS OR ESTABLISHMENT LEVEL INJURE HO/ESTABLISHMENT LEVEL LINIT ID												
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
EV23801 HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME 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										
X YES (Employer Is Elig	gible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	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 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 s (Used) Merchant Wholesalers										
		OCE DEMOCDA PHIC DATA										

SECTION H - WORKFORCE DEMOGRAPHIC DATA

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	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	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	2	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	4	0	0	0	0	0	0	0	0	0	0	0	4
Laborers and Helpers	1	0	2	1	0	0	0	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 2024 REPORTING YEAR TOTAL	2	0	10	2	0	0	0	3	0	0	0	0	0	0	17
											,				
PRIOR 2023 REPORTING YEAR TOTAL	2	0	9	2	0	0	0	5	0	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/8/2024 - 12/21/2024

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

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

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

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

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OFS COMPANY ID		SECI	ION	- ENIF	LOIL	KIDEN		OYER N	AME														
AC16425					N	ashville				OFFICE													
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DDE								
5846 Crossing	s Bouleva	ard					NA	SHVIL	LE			TN		3701	13								
SECTION C -	HEADQU	ARTE	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	able)											
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADÇ					Γ-LEVEL	NAME												
EV28674						Peac	htree C			arts													
HEADQUARTERS OR ESTABLISH			DRESS			DI		TY/TOW		20													
2924-A Amw							EACHT					GA		3030	00								
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		SECTIO	ON E -	EMPLO			ELIGI	BILITY	Y														
X YES (Employer Is Eligib	ole to File)	□ NO	(Empl	oyer Is N	ot Elig	ible to F	ile)	EMPL	OYER 1	NO LON	IGER I	IN BUS	INESS										
S	ECTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA	ΓΙΟΝ (i	if applic	able)													
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☐ YES	(Headquar	rters is I	Federal	Contract	or)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)										
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				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		an c land	an c	ace	Row								
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Sales Workers	1	0	1	0	0	0	0	0	0	0	0		2										
Administrative Support Workers	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										
Laborers and Helpers	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 2024 REPORTING YEAR TOTA	L 2	0	3	1	0	0	0	0	0	0	0	0		0	6								
PRIOR 2023 REPORTING YEAR TOTA		0	2	0	0	0	0	0	0	0	0	0	0	0	5								
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12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
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AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CO	DE
5846 Crossings E	Bouleva	ard					N.A	ASHVIL	LE			TN		3701	3
SECTION C - HI	EADQU	ARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
EV52116					-	Wes	st Palm			BC			-		
HEADQUARTERS OR ESTABLISHME			DRESS					TY/TOW				STATE		ZIP CO	
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						FILING									
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 BUSI	INESS		
SEC	CTION					OR DE		TION (i	if applic	cable)					
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	☐ 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)														
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	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														
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JOB CATEGORIES		o o		rica		iiiai Isla	dia	Ra		eric o		iiiai Isla	dian	Ra	Row Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	1	0	0	0	0	0	0	2
Professionals	0	1	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 Administrative Support Workers	0	3	0	0	0	0	0	0	3 0	0	0	0	0	0	3
Craft Workers	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Operatives	7	0	1	8	0	0	0	0	0	0	0	0	0	0	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 2024 REPORTING YEAR TOTAL	9	5	5	10	0	0	0	1	3	0	0	0	0	0	33
PRIOR 2023 REPORTING YEAR TOTAL	8	5	4	8	0	0	0	1	3	0	0	0	0	0	29

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nui ation Dat		
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OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	/N			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					N/	SHVIL	LE			TN		3701	13
SECTION C – H			DC OD	ECTAD	I ICIIA	AENT I				TION (:	Formline				
HO/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	NO OK							Γ-LEVEL		ible)			
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HEADQUARTERS OR ESTABLISHM	ENTE LEX	/EL ADE	DECC									CTATE		ZID.CC	DE
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6201 Erdman	Avenue	•					ВА	LTIMO	KE			MD		2120	J5
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W wro as a line and		-			-	FILING	_			NO LON	ICED	INI DIJIGI	DATEGG		
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															
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)															
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				Black or African American		Native Hawaiian or Other Pacific Islander	ke a	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	ve ve	Two or More Races	Row
JOB CATEGORIES		Ф	4	ck or Afric American	_	aiia Isl	American Indian Alaska Native	2		or eri	_	aiia Isl	American Indian Alaska Native	ď	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	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	1	1	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers Craft Workers	1	0	0	0 1	0	0	0	0	0	1	0	0	0	0	3
Operatives	3	1	2	6	0	0	0	0	1	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 2024 REPORTING YEAR TOTAL	4	1	4	8	0	0	0	0	1	3	0	0	0	1	22
PRIOR 2023 REPORTING YEAR TOTAL	7	1	6	9	0	0	0	0	3	4	0	0	0	1	31
	- 1	SECTIO	NI−			E SNAP		PERIO	D						

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

EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLO 2024 EMPLOYER IN													ontrol Nu	08/2023 umber: 30 ite: 11/30	
			-	-	– TYPE MENT-L	-	_				<u> </u>				
		SECT	TON B -	- EMP	LOYEF	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					Na	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CO	DDE
5846 Crossings	Bouleva	rd					N	ASHVIL	LE			TN		370	13
SECTION C - H	EADQU.	ARTE	RS OR E	ESTAE								ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR E	STABLIS	SHMENT	Γ-LEVEL N	IAME				
EV53950							Balt	timore N	MD						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADI	DRESS				С	ITY/TOV	VN			STATE		ZIP CC	DDE
2801 Hawkins F												MD		212	26
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)														
					9529205										
X YES (Employer Is Eligibl		-	ON E – F (Employ		_		_			NO LON	GER I	N BUS	INESS		
SE	CTION	F – FEI	DERAL	CONT	TRACTO	OR DE	SIGNA	TION (if applic	able)					
			ique Enti						**						
☐ YES (Single-Establishr	nent Emp	loyer is	Federal (Contra	ctor)	YES (Multi-Es	stablishn	nent Em	ployer is I	Federal	Contra	ctor)		
☐ YES (Headquar	ters is l	Federal C	Contrac	tor)	YES (N	Ion-Hea	dauarter	s Establ	ishment is	Feder	al Contr	actor)		
(-		s Federal					
			ECTION						mients i	3 I cuciui	Contr	ictor)			
	4231		otor Vel						salers						
			NH – W												
							Race/E	thnicit	у						
	Hisp						Not	Hispar	nic or L	atino					
	or La	atino	1		Ma	ale		1		1	Fen	nale	ı	1	1
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JOB CATEGORIES				ے ق		iai Sla	lian tive	Ra		[_ ::		iai	lian	Ra	Row

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	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	0	0	0	0	0	1	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	10	0	2	6	0	0	0	0	0	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 2024 REPORTING YEAR TOTAL	14	0	5	8	0	0	0	2	4	1	0	0	0	0	34
	40	0													
PRIOR 2023 REPORTING YEAR TOTAL	10	0	7	8	0	0	0	2	4	1	0	0	0	0	32

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER II	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT										
		SECTION A - T	YPE OF REPORT								
		ESTABLISHME	NT-LEVEL REPORT								
	SECT	TON B - EMPLO	YER IDENTIFICATION				-				
OFS COMPANY ID			EMPLOYER								
AC16425			Nashville TN - CORP	ORATE OFFICE							
ADDRESS			CITY/TO	OWN	STATE	ZIP CO	DE				
5846 Crossings	Boulevard		NASHV	ILLE	TN	3701	3				
	IEADQUARTEI		SHMENT-LEVEL IDEN								
HQ/ESTABLISHMENT-LEVEL UNIT ID		HE	ADQUARTERS OR ESTABI	LISHMENT-LEVEL NAM	1E						
EV54051											
HEADQUARTERS OR ESTABLISHM	IENT-LEVEL ADD	OWN	STATE	ZIP CO	DE						
3923 Twin Ai	rch Road		MOUNT	AIRY	MD	2177	' 1				
	SECTION D -		ENTIFICATION NUMB 920557	BER (EIN)							
	SECTIO	ON E – EMPLOY	ER FILING ELIGIBILI	TY							
X YES (Employer Is Eligib	le to File) 🔲 NO	(Employer Is Not	Eligible to File) 🔲 EMP	LOYER NO LONGE	R IN BUSINI	ESS					
SI			ACTOR DESIGNATION I): Not Applicable	(if applicable)							
☐ YES (Single-Establish	ment Employer is	Federal Contractor	YES (Multi-Establish	hment Employer is Fed	eral Contractor	r)					
☐ YES	Headquarters is I	Federal Contractor)	YES (Non-Headquart	ters Establishment is Fe	deral Contract	or)					
	□ Y	ES (One or More	Non-Headquarters Establi	shments is Federal Co	ntractor)						
			ICS INFORMATION s (Used) Merchant Who	blesalers							
	SECTION	H – WORKFOR	CE DEMOGRAPHIC D	OATA							
			Race/Ethnic	•							
	Hispanic		Not Hispa	anic or Latino	Fomale		1				

							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	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	1	2
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	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	9	0	1	0	0	1	1	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 2024 REPORTING YEAR TOTAL	3	0	13	0	1	0	0	1	3	0	0	0	0	1	22
PRIOR 2023 REPORTING YEAR TOTAL	4	0	8	1	0	0	0	0	4	0	0	0	0	1	18

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

OMB Control Number: 3046-0049 2024 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 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** 37013 TN SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EV54114 Edgewood MD HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1706 Pulaski Highway **EDGEWOOD** MD 21040 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 0 0 Professionals 0 0 0 0 0 0 0 0 1 0 0 0 0 0 1 Technicians 0 0 0 Sales Workers 0 0 1 1 0 0 0 0 0 0 0 0 0 0 2 Administrative Support Workers 0 0 0 0 0 0 0 0 0 4 Craft Workers 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0 0 0 0 6 Operatives 1 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 **CURRENT 2024 REPORTING YEAR TOTAL** 0 5 0 0 0 0 0 0 0 0 16

0 SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 1221202

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nui ation Dat		
						E OF RI		т							
						LEVEL I									
OFS COMPANY ID		BECI	10111	121111	LOIL	KIDLI		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	DE
5846 Crossings E								SHVIL				TN		3701	13
SECTION C – HE	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID EV54316					HEADQ	•	rs or es nesville			Γ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME	NTIEV	ÆL ADD	DECC			Gail		TY/TOW		100		STATE		ZIP CO	DE
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YES (Single-Establishm	ument Employer is Federal Contractor)														
	(Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
125(1	☐ YES (One or More Non-Headquarters Establishments 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														
	4231	140 - M	otor V	ehicle P	arts (U	lsed) Me	erchant	Whole	salers						
	SE	CTION	I H – V	VORKF	ORCE	DEMO									ı
	Hien	anic					Race/E	tnnıcıt <u>y</u> Hispan		atino					
		atino			М	ale	1101	Пэрап	10 OI L	atino	Fen	nale			
IOD CATEGORIES				can		Native Hawaiian or Other Pacific Islander	an or ive	Two or More Races		ican		Native Hawaiian or Other Pacific Islander	an or ive	Two or More Races	Row
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Ather Pacific Islande	American Indian or Alaska Native	lore F	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	lore F	Total
	2	Fe	>	ack o Ame	ĕ	ive H r Pac	erica	or N	>	Bla	Ä	ive H r Pac	erica Nask	or N	
				B		Nat Othe	Am	Two		Af		Nat Othe	Am ,	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 Professionals	0	0	0	0	0	0	0	0	0	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	2	0	0	0	0	3
Administrative Support Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Craft Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	5	1	1	1	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 CURRENT 2024 REPORTING YEAR TOTAL	6	2	3	2	0	0	0	0	1	2	0	0	0	0	0 16
CONNERT 2024 REI ONTING TEAR TOTAL	•						-						-		10
DDIOD 2022 DEDODTING VEAD TOTAL	3	1	5	2	0	0	_	0	2	2	0	I	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	(ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
						E OF RI LEVEL						1			
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings B	Bouleva	ard					N.A	ASHVIL	LE			TN		370 ⁻	13
SECTION C – HI			DS OD	FSTAR	I ICHN	AENT.I				TION (i	fannlic	oble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	ADQU	AKIL	NO OK	LOIAD	HEADO	DUARTE	RS OR ES	STABLIS	SHMEN'	T-LEVEL	NAME	abie)			
EV54408						Gre	ensbor	o NC -	Salishi	urv					
HEADQUARTERS OR ESTABLISHME	NTIEV	/EL ADE	DECC					ITY/TOV		/		STATE	1	ZIP CC	DE
100 Ward		LL ADL	IKESS					ENSB				NC		2740	
												NO		2/40	J.J
				9	952920					I)					
	,	SECTION	ON E -	- EMPL	OYER	FILING	ELIGI	BILIT	Y						
▼ YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER	IN BUS	INESS		
SEC	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : 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-Establishm	blishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
□ VES (F	Headquarters 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 140 M	ECTION NO.	ONG-I	NAICS	INFOR Ised) M	MATIC)N : Whole	colore						
						DEMO									
							Race/E								
	Hisp	anic					Not	Hispar	nic or L	atino					
	or La	atino			M	lale	•	•			Fer	nale			
						_						_			
				_		Native Hawaiian or Other Pacific Islander	p	Two or More Races		⊊		Native Hawaiian or Other Pacific Islander	6	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 Alaska Native	Rac	Row
JOB CATEGORIES	ø	Female	ţ	ck or Afric American	⊊	vaii c Is	nd Vat	ē	Ę.	Black or	⊊	vaii	nd Aat	le l	Total
	Male	Ĕ	White	or ,	Asian	da√	a l	№	White	A ack	Asian	da Cifi	a l	Mo	
	_	ш	>	A G	٩	Pa Pa	rica	- 	>	E E	٩	Pa Pa	rica	or I	
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										<u> </u>					
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	2	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	1	2	2	0	0	0	0	0	0	1	0	0	0	0	6
Administrative Support Workers Craft Workers	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Operatives	6	0	2	3	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 2024 REPORTING YEAR TOTAL	9	4	4	5	0	0	0	0	1	1	0	0	0	0	24
	-	-	•	_	_	_	6	6		6	_	_	_	6	66
PRIOR 2023 REPORTING YEAR TOTAL	6	2	9	5	0	0	0	0	4	0	0	0	0	0	26

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

OMB Control Number: 3046-0049

				`								Expir	ation Dat	e: 11/30/	2026
						E OF RI									
		CECT				EVEL I									
OFS COMPANY ID		SECI	ION B	- EMP	LOYE	R IDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C – H	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
EV54572						Cha	arlotte N			ce					
HEADQUARTERS OR ESTABLISHM			RESS					TY/TOW				STATE		ZIP CO	
3900 Chespea								ARLOT				NC		2821	16
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA'	TION N	UMBE	R (EIN)					
		SECTIO	ON E -			FILING	ELIGI	BILIT	Y						
X YES (Employer Is Eligib	e to File)	□NO	(Emple	oyer Is N	Not Eligi	ible to F	ile)	EMPL	OYER	NO LON	NGER I	N BUS	INESS		
SE	CTION							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 (Non Headquerters 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) ☐ 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) SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers															
						bed) Mo									
	SE	CHON	v п – v	VUKKE	OKCE		Race/E								
	Hisp	anic						Hispan	•	atino					
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				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		än		Native Hawaiian or Other Pacific Islander	n or	Two or More Races	
JOB CATEGORIES		ø		Black or African American	_	aiia Isla	nerican Indian Alaska Native	Re		Black or African American	_	Native Hawaiian Other Pacific Islan	American Indian Alaska Native	S.	Row Total
	Male	Female	White	ck or Afric American	Asian	awa	n N N	lore	White	Black or an Amer	Asian	awa	n R	lore	Total
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				ш		S a	Ar	≥		⋖		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	0	0	2	0	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 Administrative Support Workers	0	2	0	0	0	0	0	0	0	0	0	0	0	0	7 2
Craft Workers	1	0	0	0	1	0	0	0	0	0	0	0	0	0	2
Operatives	5	0	1	3	3	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 2024 REPORTING YEAR TOTAL	. 10	4	3	5	4	0	0	0	0	0	0	0	0	0	26
PRIOR 2023 REPORTING YEAR TOTAL	. 6	5	2	7	4	0	0	0	0	0	0	0	0	0	24
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

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OFS COMPANY ID		BECI	1011 1	Livii	LOIL	KIDEI		OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C - HI	EADQU	ARTEI	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA	ΓΙΟΝ (if	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	T-LEVEL	NAME				
EV57032						OI	klahom			3					
HEADQUARTERS OR ESTABLISHMI			RESS					TY/TOW				STATE		ZIP CO	
900 S Macarth								HOMA				OK		7312	28
	SECTI	ON D –	EMPI		IDENT 52920	TIFICAT <mark>557</mark>	ΓΙΟΝ N	UMBE	R (EIN)					
		SECTIO	ON E -			FILING	ELIGI	BILITY	ľ						
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 (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)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
		140 - M	otor V	ehicle P	arts (U	lsed) Me	erchant	Whole							
	SE	CTION	I H – V	VORKF	ORCE	DEMO									
	Ulon	ania	1				Race/E	•	,	atin a					
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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 Alaska Native	Two or More Races	Row
JOB CATEGORIES	συ	e e	ē	ck or Afric American	_	/aii	nerican Indian Alaska Native	ė	e	or	u	/aii	nerican Indian Alaska Native	ė	Total
	Male	Female	White	or / eri	Asian	lav	an I	۸Ō	White	Black or an Amer	Asian	lie	a l	۸Ō	
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0 1	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	2	1	1	0	0	0	0	0	1	0	0	0	0	5
Administrative Support Workers Craft Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	2	0	8	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 2024 REPORTING YEAR TOTAL	3	3	12	4	0	0	1	1	0	2	0	0	0	0	26
PRIOR 2023 REPORTING YEAR TOTAL	4	2	11	4	0	0	2	1	1	1	0	0	0	0	26
THE TOTAL				WORK		E SNAPS		PERIO)	<u>I</u>					· ·

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
						E OF RI LEVEL									
		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE			TN		3701	13
SECTION C - H	EADOL	IARTEI	RS OR	ESTAF	RLISHN	MENT-I	EVEL	IDENT	TFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	3.12 Q C		011							Γ-LEVEL					
EV91002							El Pa	so TX -	Ace						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADE	DRESS				C	ITY/TOV	VN			STATE		ZIP CO	DDE
13300 Montana								L PAS				TX		7993	
	SECTI	ON D -	EMPI			TIFICA'	TION N	UMBE	R (EIN)					
		SECTIO	ON E -		952920 OYER	FILING	ELIG	BILIT	Y						
X YES (Employer Is Eligible		-			-		_			NO LOI	NGER I	IN BUS	INESS		
		F – FEI	DERA	L CON	TRACT	OR DE	SIGNA	TION (
Dama (a. 1 B. 11.1			-	-		Not App					г. 1	10.			
	Ablishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
TYES (I	· · · · · · · · · · · · · · · · · · ·														
	YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION														
	423					INFOR Jsed) M			salers						
						DEMO									
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		anic					Not	Hispan	ic or L	.atino					
	or L	atino		I	I M	lale		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	6	1	0	0	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	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3
Administrative Support Workers Craft Workers	0 12	0	0	0	0	0	0	0	0	0	0	0	0	0	1 14
Operatives	19	0	0	0	0	0	0	1	0	0	0	0	0	0	20
Laborers and Helpers	10	0	1	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 2024 REPORTING YEAR TOTAL	49	2	4	0	0	0	0	1	0	0	0	0	0	0	56
PRIOR 2023 REPORTING YEAR TOTAL	48	2	4	0	0	0	0	2	0	0	0	0	0	0	56

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ation Dat		
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_		SECT	ION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					N.A	SHVIL	LE			TN		370	13
SECTION C – H			DC OD	ECTAD	T ICUN	AENT I				TION G	fannlia	abla)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKILI	NO OK			OUARTEI						ibie)			
EW12625						(shfield I							
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`			RESS					TY/TOV				STATE		ZIP CC	
430 East Jacks	on Stree	et					MA	RSHFII	ELD			MO		6570	סע
	SECTI	ON D -	EMPI	LOYER	IDEN'	FIFICA	TION N	UMBE	R (EIN	D)					
					952920										
<u>_</u>					_	FILING	_								
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Vot Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SE	CTION					OR DE		TION (if applic	able)					
		Uni	ique En	tity ID (UEI):	Not App	olicable								
☐ YES (Single-Establishm	ngle-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
L YES (I	· _														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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				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	Daw
JOB CATEGORIES		ø.		Black or African American	_	ija Isla	nerican Indian Alaska Native	ž		P Z	_	ija Isla	American Indian Alaska Native	8	Row Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	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 2024 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	3	0	0	0	0	0	4
PRIOR 2023 REPORTING YEAR TOTAL	1	0	13	0	0	0	0	0	8	0	0	0	0	0	22

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	I COM	PONE	NT 1)					ontrol Nur ation Dat		
						E OF RI LEVEL I		:T							
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings I	Bouleva	ırd					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
EW12681						He	nderso	n CO -	Weste	rn					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
9090 Brightor	Road						HEN	NDERS	ON			CO		8064	10
	SECTI	ON D -	EMPI		IDENT	TIFICAT	TION N	UMBE	R (EIN)	•				
	5	SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LON	IGER I	N BUSI	NESS		
SEC	CTION					OR DE		ΓΙΟΝ (i	if applic	able)					
_			_	-		Not App									
☐ YES (Single-Establishm	hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
YES (I	(Headquarters is Federal Contractor)														
_ `	Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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	or La	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
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	7	0	0	0	0	0	0	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	2	0	2	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	7	0	0	0	0	0	0	0	0	0	0	0	7
Operatives	3	0	1	0	0	0	0	0	0	0	0	0	0	0	4
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 2024 REPORTING YEAR TOTAL	6	1	17	0	0	0	0	0	0	0	0	0	0	0	24
PRIOR 2023 REPORTING YEAR TOTAL	6	1	16	0	0	0	0	0	1	0	0	0	0	0	24

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
			SECT	TION A	- TYP	E OF RI	EPORT								
			ESTA	BLISH	MENT-	LEVEL	REPOF	RT							
		SECT	TION F	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	IN - C	ORPO	RAIE	OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE			TN		3701	13
SECTION C - H	EADQU	JARTE	RS OR	ESTAB	BLISHN	MENT-I	EVEL	IDENT	IFICA'	TION (i	fapplica	able)	L		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME				
EW17202							Stockto	n CA -	ACME						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	VEL ADE	DRESS				C	TY/TOV	VN			STATE		ZIP CC	DDE
1016 South Wi	son Wa	ay					ST	OCKT	NC			CA		9520	05
	SECTI	ION D -	- EMPl	LOYER	IDEN	TIFICA'	TION N	UMBE	R (EIN)					
				(952907	'390									
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YES (Employer Is Eligibl											NGER .	IN BUS	INESS		
SE	CTION					OR DE		TION (if applic	able)					
			_	-		Not App									
☐ YES (Single-Establishm	nent Emp	ployer is	Federa	l Contra	ctor)	YES (Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (☐ 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)														
		140 - M	lotor V	ehicle F	Parts (L	Jsed) M	erchant	Whole							
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				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	an c	Races	Row
JOB CATEGORIES		<u>o</u>	Φ	ck or Afric American	_	aiis Isl	nerican Indian Alaska Native	e R	ω	o Jeri	_	aiie	American Indian Alaska Native	e R	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	1	2	0	0	0	0	0	0	0	0	0	0	0	3
Professionals 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 Operatives	1	0	0	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 2024 REPORTING YEAR TOTAL	5	1	4	1	0	0	0	1	0	0	0	0	0	0	12
PRIOR COOR REPORTING VEAR TOTAL	1.4	2	8	1	2	0	1	1	0	0	0	0	0	0	20
PRIOR 2023 REPORTING YEAR TOTAL	14			WODK	EODC	O E SNIAD		·		U	U	U	U		29

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

	Expiration Date: 11/30/2026												2026		
				TON A				_							
		SECT		BLISHN B – EMP											
OFS COMPANY ID		BECI	ION D) — L21V11	LOIL	KIDEN		OYER N	AME						
AC16425					N	lashville				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	
5846 Crossings								SHVIL				TN		3701	3
SECTION C - H	EADQU	J ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI					NAME				
EW17356					-	S рока	ne WA			npire		~~.~	ı		
HEADQUARTERS OR ESTABLISHMI 1100 North Hov			ORESS					TY/TOW POKAN				STATE		ZIP CO 9921	
TTOO NOTHITTION			EN (D)	OVED	IDENT	PIETO						VVA		9921	
	SECTI	ON D –	EMPI	LOYER 9	1DEN 3		IION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPLO	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	ot Elig	ible to F	ile)	EMPLO	OYER I	NO LON	IGER I	N BUSI	NESS		
SEC	CTION			L CONT				ΓΙΟΝ (i	if applic	able)					
				tity ID (
☐ YES (Single-Establishm	-	•								•					
☐ 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)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G − NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers															
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	Hisp	oanic					Not	Hispan	ic or L	atino					
	or L	atino		1	M	lale	ı			1	Fen	nale	ı		
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				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	_	aiia	ndia	e R	ø	or 1eri	_	aiia	ndia Iati	e R	Total
	Male	Female	White	or A eric	Asian	lie a Hic	ın lı a N	۸ō	White	Black or an Amer	Asian	law Sific	an Ir Sa N	Mor	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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	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	2	0	1	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 2024 REPORTING YEAR TOTAL	2	0	7	0	0	0	0	1	1	0	0	0	0	0	11
PRIOR 2023 REPORTING YEAR TOTAL	1	0	8	0	0	0	0	1	1	0	0	0	0	0	11
		SECTIO)N I – '	WORKI	FORCI	E SNAP	SHOT I	PERIO	D						

12082024 - 12212024

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

EEOC Standard Form 100 (SF 100)

~			EO-1 COMPONENT 1)		OMB Cor	Revised 08/2023 ntrol Number: 30 ntion Date: 11/30	046-0049					
			TYPE OF REPORT		· !							
		ESTABLISHME	NT-LEVEL REPORT									
	SECT	TON B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID			EMPLOYER N									
AC16425			Nashville TN - CORPO	RATE OFFICE								
ADDRESS			CITY/TOW	VN	STATE	ZIP C	ODE					
5846 Crossings	Boulevard		NASHVIL	LE	TN	370	13					
	EADQUARTE:		SHMENT-LEVEL IDENT			-						
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Billings MT - KC Montana											
EW17532												
HEADQUARTERS OR ESTABLISHM	IMENT-LEVEL ADDRESS CITY/TOWN STATE ZI											
10148 Rudio												
	SECTION D -		ENTIFICATION NUMBE	R (EIN)								
	SECTION	ON E – EMPLOY	ER FILING ELIGIBILITY	Y								
X YES (Employer Is Eligibl	e to File) 🔲 NO	(Employer Is Not	Eligible to File)	OYER NO LONGE	R IN BUSI	NESS						
SE			ACTOR DESIGNATION (if applicable)								
	· 	•	I): Not Applicable									
☐ YES (Single-Establishm	nent Employer is	Federal Contractor	r) YES (Multi-Establishm	nent Employer is Fed	leral Contrac	tor)						
☐ YES (Headquarters is l	Federal Contractor	YES (Non-Headquarter	s Establishment is Fe	ederal Contra	ctor)						
			Non-Headquarters Establish	ments is Federal Co	ntractor)							
			ICS INFORMATION	coloro								
			ts (Used) Merchant Whole RCE DEMOGRAPHIC DA				-					
	Race/Ethnicity											
	Hispanic			ic or Latino			1					
	or Latino		Male		Female		1					
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							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	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	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
PRIOR 2023 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-	I COM	PONE	NT 1)					ation Dat		
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		SECT	TON E	В – ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DE
5846 Crossings I	Roulevs	ard						SHVIL				TN		370	
														370	3
SECTION C – HI HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAB						ΓΙΟΝ (11 Γ-LEVEL		able)			
`					пеарс	UAKIE				I-LEVEL	NAME				
EW17587							Portlar								
HEADQUARTERS OR ESTABLISHME			DRESS					TY/TOV				STATE		ZIP CC	DE
5925 Northest Po	rtland F	lwy					PC	ORTLAI	ND			OR		972	8
	SECTI	ON D -	EMPI		IDEN'	ΓΙΓΙCΑ' 1557	TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILIT	Y						
XYES (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		
SEC	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)														
VES (Single-Establishm	ment Employer is Federal Contractor)														
- · •	ment Employer is Federal Contractor)														
☐ YES (F	· ·														
		☐ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	ıl Contra	actor)			
		S	ECTIO	N G - 1	NAICS	INFOR	MATIO	N							
		140 - M	otor V	ehicle F	Parts (L	lsed) M	erchant	Whole							
	SE	CTION	V H – V	VORKE	ORCE	DEMO									
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		anic					Not	Hispan	ic or L	.atino					
	or La	atino		1	M	ale	1			1	Fen	nale	1		
				⊆		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		an		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
JOB CATEGORIES				Black or African American		ian	American Indian or Alaska Native	Ra		Black or African American		ian	American Indian or Alaska Native	Ra	Row
JOB GATEGORIES	Ф	Female	te	ck or Afric American	Ę	kai C.Is	Ind	re	Ę.	Black or	Ę	vai c Is	Ind	<u>e</u>	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	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	4	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	0	0	2	0	0	0	0	1	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 2024 REPORTING YEAR TOTAL	2	0	10	0	0	0	0	1	1	0	0	0	0	1	15
CORNEIN 2024 REPORTING TEAR TOTAL		U	IU	U	U	U	U	<u> </u>	'	U	U	U	U	<u> </u>	ıυ
PRIOR 2023 REPORTING YEAR TOTAL	2	0	13	0	0	0	0	1	1	0	0	0	0	1	18
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
				TION A											
		SECT	ION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	IN - C	ORPO	RAIE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ırd					N.A	ASHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTEI	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				
EW18566							Dam	ascus	OR						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DDE
19510 Se Sunnys	side Ro	ad					DA	MASC	US			OR		9708	39
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)					
				- EMPL		FILING									
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							TION (if applic	able)					
	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)														
☐ YES (Single-Establishm	nment Employer is Federal Contractor)														
TYES (H	hment 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)														
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	or La	atino			M	ale	1	l		ı	Fer	nale	l 1		
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				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		Two or More Races	Row
JOB CATEGORIES	.	<u>e</u>	a)	fric	_	aii a	ati	8	a)	o eri	_	ajia Isl	ndia	e e	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	1	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 Craft Workers	2	0	0	0	0	0	0	1	0	0	0	0	0	0	0 5
Operatives	1	0	4	0	0	0	0	1	0	0	0	0	0	0	6
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 2024 REPORTING YEAR TOTAL	4	0	9	0	1	0	0	3	1	0	0	0	0	0	18
PRIOR 2023 REPORTING YEAR TOTAL	4	0	10	0	1	0	0	2	1	0	0	0	0	0	18

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
						E OF RI		T.				•			
		SECT	TON E	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	IN-C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME				
EW31095						I	Pocatel	lo ID - I	Bailey						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
5497 South 5Th	Avenu	е					PO	CATEL	LO			ID		8320)4
	SECTI	ON D -	EMPI		IDENT 952920	ΓΙΓΙCΑ'	TION N	UMBE	R (EIN)					
		SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	N BUS	INESS		
SEC	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	nent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
TYES (F	Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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	4231	140 - M	otor V	ehicle P	vares Parts (U	INFOR	erchant	Whole	salers						
						DEMO									
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		anic					Not	Hispan	ic or L	atino					
	or La	atino		1	М	ale	1			1	Fen	nale	1		
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				Ę		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	liar	Ra		Black or African American		iiar	nerican Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	wa	lnc Na	ore	White	Black or	Asian	wa	Inc Na	ore	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals Technicians	0	0	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 Laborers and Helpers	0	0	9	0	0	0	0	0	0	0	0	0	0	0	10 1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	17	0	0	0	0	0	0	0	0	0	0	0	18
		1													
PRIOR 2023 REPORTING YEAR TOTAL	1	0	18	0	0	0	0	0	0	0	0	0	0	0	19

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER II	NFORM	AHO	NKEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat	te: 11/30/	
				TION A - BLISHN				RT.							
		SECT	ION B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					N.A	SHVIL	LE			TN		3701	13
SECTION C – I HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	ARTE	RS OR							ΓΙΟΝ (i: Γ-LEVEL		able)			
FA71763					TILADQ	OMCILI		erside (I-LL VLL	TWINL				
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADD	RESS				C	TY/TOW	/N			STATE		ZIP CO	DE
3760 Pyrite	Street						RI	VERSII	DE			CA		9250	
	SECTI	ON D -	EMPI	LOYER	IDENT 953406		TION N	UMBE	R (EIN)	l				
				EMPL	OYER	FILING									
X YES (Employer Is Eligib				-							NGER I	IN BUS	INESS		
Si															
☐ YES (Single-Establish	ishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) CS (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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3	(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	ON G - N	NAICS	INFOR	MATIC	N		o r cuciu					
	423	140 - M	otor V	ehicle P	arts (U	sed) Mo	erchant	Whole	salers						
	SE	CHON	N H – V	VORKF	ORCE		GRAPI Race/E								
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						_ <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 Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u>e</u>	as a	Black or African American	_	aiia	nerican Indian Alaska Native	e R	as a	or	_	aiia Isk	nerican Indian Alaska Native	e R	Total
	Male	Female	White	ck or Afric American	Asian	law	a l	Mor	White	Black or an Amer	Asian	law	a L	Mor	
		Fe	>	ck c	⋖	e H Pac	rica ask	or I	>	Bla	<	Pac	rica ask	o.	
				Bla		ativ	A	WO		Afric		ativ	Al	N N	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	0	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	3	2	0	0	0	0	0	0	2	0	0	0	0	0	7
Administrative Support Workers	2	1	0	0	0	0	0	0	0	0	0	0	0	1	4
Craft Workers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	8	1	2	1	1	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 2024 REPORTING YEAR TOTAL	_ 16	4	2	1	1	0	0	0	2	0	0	0	0	1	27
PRIOR 2023 REPORTING YEAR TOTAL	_ 13	7	2	1	0	0	0	0	2	0	0	0	0	0	25

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	I COM	PONE	NT 1)					ration Dat		
				TION A BLISHN											
		SECT	TION I	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105	_				
AC16425					N	ashville				OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	
5846 Crossings I	Bouleva	ard					N.A	SHVIL	LE.			TN		37 0	13
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-I	LEVEL	IDENT	TFICA	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR ES	STABLIS	SHMEN	T-LEVEL	NAME	•			
FA71781							San Be	ernardir	no CA						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	DRESS				Cl	TY/TOV	VN			STATE		ZIP CC	DDE
434 6Th St	reet						SAN B	ERNAI	RDINO)		CA		924	10
	SECTI	ON D -	- EMP	LOYER	IDEN'		TION N	UMBE	R (EIN	D)					
		SECTIO	ON E -	- EMPL			ELIGI	BILIT	Y						
X YES (Employer Is Eligible		-			_		-			NO LO	NGER	IN BUS	INESS		
	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)														
SEC	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)														
☐ YES (Single-Establishm	Unique Entity ID (UEI): Not Applicable shment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
	Unique Entity ID (UEI): Not Applicable														
☐ YES (F	hment Employer is Federal Contractor)														
	nment Employer is Federal Contractor)														
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				a		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		iia Isla	nerican Indian 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	Iwa Fic I	Na Na	ore	Total
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						~ ō	`	-				~ 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	0	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	7	0	0	1	0	0	0	0	1	2	0	0	0	1	12
Administrative Support Workers	0	2	2	0	0	0	0	0	0	1	0	0	0	0	5
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives Laborers and Helpers	14 0	0	0	0	0	0	0	0	0	0	0	0	0	0	19 0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	22	2	5	3	0	0	0	1	2	3	0	0	0	1	39
DRIOR 2022 REPORTING VEAR TOTAL	30	4	4	2	0	0	0	0	1	1	0	0	0	0	42

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
						E OF RI LEVEL		T.				•			
		SECT	TON E	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					N	asnville				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CC	
5846 Crossings B	3ouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C - HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
FA71790							Hes	peria C	CA						
HEADQUARTERS OR ESTABLISHME			RESS					TY/TOW				STATE		ZIP CC	
11399 Sante F	e Ave E						H	SPER	IA			CA		9234	15
	SECTI	ON D -	EMPI		IDENT 953406	FIFICA' 5551	TION N	UMBE	R (EIN)					
		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	IN BUS	INESS		
SEC	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)														
	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	shment Employer is Federal Contractor)														
TYES (F	6 (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
						INFOR			ments i	s redera	i Conu	actor)			
	4231	140 - M	otor V	ehicle P	arts (U	Ised) M	erchant	Whole	salers						
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E								
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	Of La	atino			IVI	ale					ren	nale			
				١,		Native Hawaiian or Other Pacific Islander	o	ės		и		Native Hawaiian or Other Pacific Islander	o	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 or Alaska Native	Two or More Races	Row
JOB CATEGORIES	<u>o</u>	ale	ţ.	Africal	иĸ	vaii c Is	Ind	ē	ţ	r or	r E	vaii c Is	Ind	re	Total
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						2 6		_				20	'	_	
Executive/Senior Level 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	4	2	0	0	0	0	0	0	0	0	0	0	0	0	6
Administrative Support Workers	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2
Craft Workers	3	1	0	0	0	0	0	1	0	0	0	0	0	0	5
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 2024 REPORTING YEAR TOTAL	12	4	2	1	0	0	0	1	0	0	0	0	0	0	20
			_												
PRIOR 2023 REPORTING YEAR TOTAL	14	5	3	2	0	0	0	0	1	0	0	0	0	0	25

SECTION I – WORKFORCE SNAPSHOT PERIOD

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

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

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

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

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		SECT				R IDEN									
OFS COMPANY ID		SECI	IOND	- Livii	LOIL	KIDLI		OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
5846 Crossing	s Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - 1	HEADOU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
FA74017						Nor	thfield I			uto					
HEADQUARTERS OR ESTABLISH	MENT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
26548 Chippend	ale Ave V	Vest					NO	RTHFI	LD			MN		5505	57
	SECTI	ON D -	EMPI		IDENT 52920	FIFICA'	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															
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)															
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) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION															
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				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 or Alaska Native	Two or More Races	Row
JOB CATEGORIES	4	<u>0</u>	o o	ck or Afric American	_	aiis : Isl	ndi. ati	e R	a)	o. Jer	_	aii	nerican Indian Alaska Native	e E	Total
	Male	Female	White	er A	Asian	aw ific	n N	lor	White	sk An	Asian	aw	z z	<u>ō</u>	
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				B		Na	An ,	≥		¥		P 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	1	8	0	0	0	0	0	0	0	0	0	0	0	9
Professionals Tachnising	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians 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	3	0	7	0	0	0	0	0	0	0	0	0	0	0	10
Operatives	0	0	18	1	0	0	0	2	2	0	0	0	0	0	23
Laborers and Helpers	3	0	7	3	1	0	0	0	1	0	0	0	0	0	15
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTA	L 6	2	43	4	1	0	0	2	6	0	0	0	0	0	64
PRIOR 2023 REPORTING YEAR TOTA	L 5	1	42	2	1	1	1	4	5	0	0	0	0	0	62
		SECTIO	ON I –			E SNAP		PERIO	D			•			•

12082024 - 12212024

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

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

2024 EMPLOYER	Expiration Date: 11/30/2026												
ESTABLISHMENT-LEVEL REPORT													
SECTION B – EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME													
OFS COMPANY ID													
AC16425	Nashville TN - CORPORATE OFFICE												
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE									
5846 Crossin	gs Boulevard	NASHVILLE	TN	37013									
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)													
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
FC87123		Cades SC											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
3580 N Williams	ourg County Hwy	CADES	SC	29518									
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557													
CECTION E EMPLOYED EN INC ELICIDIUM													

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 II - WORKFORCE DEMOGRAFIIIC DATA																
	Race/Ethnicity															
		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	4	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	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	3	1	0	0	0	0	0	0	0	0	0	0	4	
Operatives	2	0	9	3	0	0	0	0	0	0	0	0	0	0	14	
Laborers and Helpers	0	0	0	3	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 2024 REPORTING YEAR TOTAL	2	0	17	7	0	0	0	1	2	0	0	0	0	0	29	
PRIOR 2023 REPORTING YEAR TOTAL	1	0	20	7	0	0	0	1	2	0	0	0	0	0	31	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ration Dat					
				TION A				RT			ı							
		SECT	ION E	B – EMP	LOYE	R IDEN	TIFICA	TION										
OFS COMPANY ID	EMPLOYER NAME																	
AC16425	Nashville TN - CORPORATE OFFICE																	
ADDRESS	ADDRESS CITY/TOWN ST													ZIP CODE				
5846 Crossings I	3ouleva	ard					N.A	SHVIL	LE			TN		370 ⁻	13			
	IEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																	
HO/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	KS UK									ible)						
FC87361	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Davie FL - SS																	
HEADQUARTERS OR ESTABLISHME		EL ADL	DRESS				Cl											
4301 S State	Rd /							DAVIE				FL		333	14			
	SECTI	ON D -	EMPI	LOYER	IDEN'		TION N	UMBE	R (EIN	D								
		SECTIO	ON E -	- EMPL	OYER	FILING	ELIGI	BILIT	Y									
X YES (Employer Is Eligible	to File)	□NO	(Empl	over Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUSI	INESS					
				L CONT														
SEV	JION			ntity ID (IION (п аррпс	able)								
☐ YES (Single-Establishm	ont Emar		_					tabliah m	ont Em		Fadam	1 Contro	atau)					
	_	-																
☐ YES (F	Ieadqua [,]	rters is I	Federal	Contrac	tor) 🔲	YES (N	lon-Head	dquarter	s Establ	ishment	is Feder	al Contr	ractor)					
				ne or Mo					ments i	s Federa	l Contra	actor)						
	422			ON G - I ehicle P					colore									
				VORKE														
							Race/E											
	Hisp	anic						Hispan		atino								
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				_		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		Two or More Races	Row			
JOB CATEGORIES		<u>o</u>	as a	ck or Afric American	_	aiis Isl	nerican Indian Alaska Native	e R	Φ	o je	_	aiii	American Indian Alaska Native	e R	Total			
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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	0	0	0	0	0	0	0	0	0	0	0	0	1			
Professionals	2	0	0	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 Administrative Support Workers	6 1	0	0	1	0	0	0	0	0	0	0	0	0	0	8			
Craft Workers	1	0	0	2	0	1	0	0	0	0	0	0	0	0	4			
Operatives	4	2	1	10	0	0	0	2	0	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 2024 REPORTING YEAR TOTAL	14	4	3	14	0	1	0	2	1	2	0	0	0	0	41			
PRIOR 2023 REPORTING YEAR TOTAL	15	4	1	19	0	1	0	1	2	1	0	0	0	0	44			

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
			-	-		E OF RI LEVEL	-										
SECTION B – EMPLOYER IDENTIFICATION																	
OFS COMPANY ID	EMPLOYER NAME																
AC16425	Nashville TN - CORPORATE OFFICE																
ADDRESS CITY/TOWN												STATE	STATE ZIP CODE				
5846 Crossings	Bouleva	ard					N.A	SHVIL	LE			TN		3701	13		
	EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if appl																
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKILI	NO OK							Γ-LEVEL		ibie)					
FC87711		Trotwood OH - SS Dayton															
HEADQUARTERS OR ESTABLISHMI	ONT LEX	/EL ADE	DECC					TY/TOV				CTATE		ZIP CO	DE		
			KESS									STATE					
4283 North James F	1 Mcge	e bivu					L	OAYTO	N			ОН		4541	17		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557																	
W wro e		-			-	FILING	_			NO LO	ICED	INI DIJIGI	DATEGG				
X YES (Employer Is Eligible											NGER	IN BUSI	INESS				
SE	CTION					OR DE		TION (if applic	able)							
<u></u>			-	•		Not App											
☐ 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	Headqua	rters is I	Federal	Contrac	tor)	YES (N	lon-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)																	
						_			ments i	s redera	Contra	actor)					
SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers																	
SECTION H – WORKFORCE DEMOGRAPHIC DATA																	
	Race/Ethnicity																
	Hisp	anic						Hispan		atino							
	or L	atino			M	lale					Fer	nale					
						- Je						- e		"			
				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	ın or /e	Two or More Races	Row		
JOB CATEGORIES		ø		Black or African American	_	aiia Isi	nerican Indian Alaska Native	8		or		ajja Isla	American Indian Alaska Native	ěž	Total		
	Male	Female	White	ck or Afric American	Asian	aw Hic	Ξź	0.0	White	Black or	Asian	Hic aw	ΞŽ	Ore	- Otal		
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Professionals	0	0	0	1	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 Administrative Support Workers	0	0	0	0	0	0	0	0	0 2	0	0	0	0	0	5 2		
Craft Workers	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2		
Operatives	0	0	3	4	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 2024 REPORTING YEAR TOTAL	1	0	4	9	0	0	0	1	2	1	0	0	0	0	18		
PRIOR 2023 REPORTING YEAR TOTAL	0	0	6	8	0	0	0	0	2	0	0	0	0	0	16		
	\$	SECTIO	ON I –			E SNAP		PERIO	D								

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

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												ontrol Nu ration Dat					
			SECT	TION A	- TYP	E OF RI	EPORT	1									
			ESTA	BLISHN	∕IENT-	LEVEL	REPOF	RT									
		SECT	TION E	B – EMP	LOYE	R IDEN											
OFS COMPANY ID	EMPLOYER NAME Nashville TN - CORPORATE OFFICE																
AC16425																	
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE		
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE			TN		370°	13		
	EADQU	ADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME						
FC88526		Martinsburg WV - Ernies															
HEADQUARTERS OR ESTABLISHM	ENT-LEV	VEL ADE	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE		
4590 Williams	port Pik	е					MAF	RTINSB	URG			WV		2540	04		
	SECTI	ION D -	EMPI	LOYER	IDEN'	ΓΙFICA'	TION N	UMBE	R (EIN)	ı		<u> </u>				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER FILING ELIGIBILITY																	
		-			_		_										
X YES (Employer Is Eligibl											NGER .	IN BUS	INESS				
SE	CTION								if applic	able)							
— ************************************	. =		_	tity ID (
☐ YES (Single-Establishr	-																
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)																	
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)																	
)N G - 1													
				ehicle P													
SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity																	
	Hisp	oanic						Hispan		atino					1		
		atino			M	lale					Fer	nale					
						_ <u>_</u>		"									
				an		Native Hawaiian or Other Pacific Islander	n or	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	n or	Two or More Races	D		
JOB CATEGORIES		ø		Black or African American	_	aiia Isla	American Indian Alaska Native	8		or eric	_	ajja Isle	American Indian Alaska Native	8	Row Total		
	Male	Female	White	ck or Afric American	Asian	aw ific	E Ž	lore	White	Black or an Amer	Asian	aw	S S	lore	lotai		
	Σ	Fe	>	ko	Ä	ac H	icai	≥ ≥	>	3la	As	ag H	Ska	_ ≥			
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Executive/Senior Level Officials and Managers 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 Craft Workers	0	0	10	0	0	0	0	0	0	0	0	0	0	0	10		
Operatives	0	0	12	0	0	1	0	0	1	0	0	0	0	0	14		
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 2024 REPORTING YEAR TOTAL	0	0	33	0	0	1	0	0	1	0	0	0	0	0	35		
PRIOR 2023 REPORTING YEAR TOTAL	3	0	35	0	0	0	0	0	2	0	0	0	0	0	40		
		SECTIO	ON I –	WORK				PERIO	D	•		•	•		•		
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SECTION :	- IILA	υνυαι	LILL	OKES	TUDL	CHIMIT	. 1 - LL'	TEL CO	11411A11C	(ob	uonai)						

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

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

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

												Expir	ation Dat	e: 11/30/	2026
						E OF RI									
			ESTA	BLISH	/ENT-l	LEVEL I	REPOR	RT							
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C - H	EADOL	ARTE	RS OR	ESTAB	LISHN	/ENT-I	EVEL	IDENT	IFICA'	FION (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	LLILD QU									Γ-LEVEL		.010)			
FC89130							West	Monroe	e LA						
HEADQUARTERS OR ESTABLISHN	IENT-LEV	EL ADI	ORESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
208 Frankli	n Drive						WES	T MON	IROE			LA		7129	92
	SECTI	ON D -	- EMPI				TION N	UMBE	R (EIN)					
	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 SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
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														
SI	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
_	Unique Entity ID (UEI): Not Applicable chment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establish	shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment 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)														
	hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
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						DEMO									
		.01101	, ,	. 011111	01102		Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
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				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	_
JOB CATEGORIES		•		Black or African American		iiai Sla	nerican Indian Alaska Native	Ra		r eric		iiai Sla	nerican Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	اد ا	Inc Na	ore	White	Black or	Asian	اد ا	Inc Na	ore	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	5 0	0	0	0	0	0	0	0	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	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	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		
CURRENT 2024 REPORTING YEAR TOTAL	_ 0	0	14	4	0	0	0	0	3	0	0	0	0	0	21

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

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

2024 EMPLOYER IN	FORMATIO	N REPORT (EF	EO-1 COMPONENT 1)		ol Number: 3046-0049 on Date: 11/30/2026						
			TYPE OF REPORT								
			NT-LEVEL REPORT								
OFS COMPANY ID	SECT	TION B – EMPLO	DYER IDENTIFICATION EMPLOYER NAME								
AC16425			Nashville TN - CORPORATE OFFICE								
ADDRESS			CITY/TOWN	STATE	ZIP CODE						
5846 Crossings	Boulevard		NASHVILLE	TN	37013						
	EADQUARTE		SHMENT-LEVEL IDENTIFICATION (if ap								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Joplin MO										
FC89240	· · · · · · · · · · · · · · · · · · ·										
HEADQUARTERS OR ESTABLISHM											
675 S Black C	Cat Road		JOPLIN	MO	64801						
	SECTION D -		DENTIFICATION NUMBER (EIN) 2920557								
	SECTIO	ON E – EMPLOY	YER FILING ELIGIBILITY								
X YES (Employer Is Eligibl	e to File) 🔲 NO	(Employer Is Not	Eligible to File)	ER IN BUSINE	ESS						
SE			ACTOR DESIGNATION (if applicable) II): Not Applicable								
☐ YES (Single-Establishr	nent Employer is	Federal Contractor	r) TYES (Multi-Establishment Employer is Fe	deral Contractor	·)						
☐ YES (Headquarters is I	Federal Contractor	YES (Non-Headquarters Establishment is F	Gederal Contracto	or)						
		ES (One or More	Non-Headquarters Establishments is Federal C	ontractor)							
			ICS INFORMATION ts (Used) Merchant Wholesalers								
·	SECTION	NH – WORKFOR	RCE DEMOGRAPHIC DATA								
		1	Race/Ethnicity								
	Hispanic		Not Hispanic or Latino								

							Race/E	thnicit	/						
	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	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	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	1	0	8	0	0	0	0	0	0	0	0	0	0	0	9
Laborers and Helpers	0	0	4	0	0	0	1	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 2024 REPORTING YEAR TOTAL	1	0	25	0	0	0	1	0	2	0	0	0	0	0	29
PRIOR 2023 REPORTING YEAR TOTAL	2	0	26	0	0	0	0	1	2	0	0	0	0	0	31

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-1	I COM	PONE	NT 1)					ration Da		
			-	TION A BLISHN		-	_								
		SECT	TION E	3 – EMP	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE			TN		370	13
SECTION C - H	EADOU	JARTE	RS OR	ESTAB	LISHN	AENT-I	EVEL	IDENT	'IFICA'	TION (i	f applica	able)	<u> </u>		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME	,			
FC89341						S	tocktor	CA - S	Salvage	•					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	VEL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
2041 Navy	Drive						ST	OCKT	ON			CA		9520	06
,		OND	EMD	OVED	IDENT	CTETC A				n					
	SECTI	ON D -	- EMP	LOYER	364261		HONN	UMBE	K (EIIV	1)					
		SECTION	ON E -	- EMPL			ELIG	BILIT	Y						
X YES (Employer Is Eligible										NO LO	NGER	IN RUS	INESS		
											TOLK	111200	11 (1200		
SE	CHON			L CONT ntity ID (HON (іг аррііс	cable)					
☐ YES (Single-Establishn	E		_	-				4 - 1-1! -1	E	1	. F. J	1. C t	-4		
	•														
☐ YES (1	Headqua	rters is	Federal	Contrac	tor)	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	ral Cont	ractor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	Establish	nments i	s Federa	al Contr	actor)			
		S	ECTIO	ON G - I	NAICS	INFOR	MATIC	N							
	423	140 - M	lotor V	ehicle F	arts (U	Ised) M	erchant	t Whole	salers						
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							Race/E								
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				a a		Native Hawaiian or Other Pacific Islander	o or	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	o c	Two or More Races	_
JOB CATEGORIES		•		Black or African American		iia sla	American Indian Alaska Native	Ra		ı i		iiai sla	American Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	ات!	S E	ore	White	Black or	Asian	wa Ic I	E E	ore	Total
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							_						_		
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0 4	0	2	0	2	0	0	0	0	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	1	0	0	1	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers Craft Workers	2	0	0	0	2	0	0	0	0	0	0	0	0	0	5
Operatives Operatives	17	1	6	1	6	0	0	1	0	0	0	0	0	0	32
Laborers and Helpers	12	1	6	2	5	0	0	3	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 2024 REPORTING YEAR TOTAL	35	3	14	4	16	0	0	4	0	0	0	0	0	0	76

SECTION I – WORKFORCE SNAPSHOT PERIOD

17

12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
				TION A				?T				•			
		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID AC16425					N	ashville		OYER N		OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings E	Bouleva	ırd						SHVIL				TN		3701	
SECTION C - HE	EADQU	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID FC93413					HEADQ	UARTEI		TABLIS		Γ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS		1			TY/TOW				STATE		ZIP CC	DDE
1510 Highway 2								THEN				GA		3060	
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN)	l .				
	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)	EMPLO	OYER	NO LO	NGER I	N BUS	INESS		
SEC	CTION			L CONT				TION (i	if applic	able)					
7 ************************************			_	tity ID (
☐ YES (Single-Establishm	-	•													
TYES (H	Ieadqua							_					ractor)		
						•			ments i	s Federa	l Contra	actor)			
	4231			ON G - N ehicle P					ealare						
				VORKF											
							Race/E								
	Hisp or La				N/I	ale	Not	Hispan	ic or L	atino	Eon	nale			
	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
				Bla		Nativ Other	Ame Al	Two		Afri		Nativ Other	Ame	Two	
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	5 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	7		
Administrative Support Workers	2	0	1	0	0	0	0	0	1	0	0	0	0	0	5
Craft Workers Operatives	0	0	3	1	0	0	0	1	0	0	0	0	0	0	5
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 2024 REPORTING YEAR TOTAL	2	0	19	2	0	0	0	1	2	0	0	0	0	0	26
PRIOR 2023 REPORTING YEAR TOTAL	2	0	20	1	0	0	0	1	1	0	0	0	0	0	25

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)															
		SECT	TION I	B – EMP	LOYE	R IDEN	TIFICA	ATION															
OFS COMPANY ID																							
AC16425					N	lashville	: TN - C	ORPO	RATE	OFFICE													
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DE								
	Bouley:	ard																					
			DC OD	TOTAL	T TOTTS	ATTAIN A				TION (C 1:			010									
SECTION C – H HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	JARTE	RS OR									able)											
`					пеарс	`					NAME												
FC93734																							
HEADQUARTERS OR ESTABLISHM	ENT-LE	VEL ADE	ORESS				C	ITY/TOV	VN			STATE		ZIP CC	DE								
4171 L B Mcle	od Roa	d					0	RLAND	00			FL		328′	11								
	SECT	ION D -	- EMP				TION N	NUMBE	R (EIN)													
	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 Eligib	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																						
	er 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																						
51																							
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)																							
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)																							
	Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)																						
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	423	3 140 - M	lotor V	ehicle F	Parts (L	Jsed) M	erchant	t Whole	salers														
	Hisi	panic								atino													
					M	lale					Fer	nale											
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JOB CATEGORIES		Φ	4	fric	_	aiia Isl	ati di	2	•	o eri		ig is	dia	ď	Total								
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0								
First/Mid-Level Officials and Managers	_														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 Operatives	_	_													1								
Laborers and Helpers															0								
Service Workers	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Orlando FL - Universal														0								
CURRENT 2024 REPORTING YEAR TOTAL	SECTION D - EMPLOYER IDENTIFICATION (if applicable)														6								
										STATE													
PRIOR 2023 REPORTING YEAR TOTAL		0	3	0	0	0 E CN A D	0	0	0	0	0	0	0	0	5								
		SEC110	JN I –			E SNAP 1221202		rekio	ע														

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Da		
				TION A BLISHI							l				
		SECT	TION E	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105	_				
AC16425					N	ashville	IN-C	ORPO	RATE	OFFICE					
ADDRESS								TY/TOV				STATE		ZIP CC	DDE
5846 Crossings B	Bouleva	ard					N/	ASHVIL	LE			TN		370	13
SECTION C - HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
FC93761							Ros	seville l	VII						
HEADQUARTERS OR ESTABLISHME		/EL ADI	DRESS					TY/TOV				STATE		ZIP CC	
16174 Comm	on Rd						RC	DSEVIL	LE			MI		4806	56
	SECTI	ON D -	- EMPI	LOYER	IDEN' 952920		TION N	UMBE	R (EIN)					
		SECTION	ON E -	- EMPL			ELIG	BILIT	Y						
X YES (Employer Is Eligible										NO LO	NGER I	IN BUS	INESS		
				L CON											
	711011			ntity ID (11011 (паррпс	uoic)					
YES (Single-Establishm	ent Emr	olover is	Federa	ıl Contra	ctor)	YES (1	Multi-Es	tablishn	nent Em	plover is	s Federa	1 Contra	ctor)		
	•	•													
I IES (F	icauqua							•					actor)		
	SECTION G – NAICS INFORMATION YES (Multi-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) SECTION G – NAICS INFORMATION														
	423	S 140 - M	ECTION V	ON G − I ehicle F	NAICS Parts (L	INFOR Ised) M	MATIC erchant)N : Whole	salers						
				VORKE											
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino.					
	or La	atino			IV	ale				1	Fer	nale			
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				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	Row
JOB CATEGORIES		Φ	4	Black or African American	_	aiia Isk	nerican Indian Alaska Native	8	4	eri.	_	aiia Isk	American Indian Alaska Native	8	Total
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Executive/Senior Level Officials and Managers 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 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	5	5	0	0	0	0	1	0	0	0	0	0	22
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
CURRENT 2024 REPORTING YEAR TOTAL	11	2	13	5	0	0	0	0	6	0	0	0	0	0	37
TOTAL TOTAL															J.,
PRIOR 2023 REPORTING YEAR TOTAL	11	3	12	4	0	0	0	0	6	0	0	0	0	0	36

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
				TION A				_			ı				
		SECT		BLISHN B – EMP											
OFS COMPANY ID		SECI	ION D	- ENIF	LUIE	KIDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DDE
5846 Crossings								SHVIL				TN		3701	13
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	JARTE	RS OR							ΓΙΟΝ (if Γ-LEVEL		ıble)			
FC94154					пеарс	-	Evansvi			I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADΓ	RESS					TY/TOW	•			STATE		ZIP CC	DE
2300 Kotter Ave			TELOO					ANSVII				IN		4771	
			EMPI	LOYER	IDEN	TIFICA'	TION N	UMBE	R (EIN)					
		CECTI	N E	EMPL	952920		FILE	DII ITY	17						
X YES (Employer Is Eligible										NO LON	NGER I	N BUSI	INESS		
	CTION			-											
			-	tity ID (
☐ YES (Single-Establishn	ient Emp	oloyer is	Federa	1 Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federal	l Contra	ctor)		
YES (I	Headquar	rters is I	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			ON G - I ehicle P					ealere						
	SE	ECTION	H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E								
		oanic atino			М	ale	Not	Hispan	ic or L	atino.	Fen	nale			
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				ב		Native Hawaiian or Other Pacific Islander	p	ses		u.		Native Hawaiian or Other Pacific Islander	p	Ses	
JOB CATEGORIES		a)		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	awa fic I	l Na	ore	White	Black or an Amer	Asian	awa fic I	l Inc	ore	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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 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 2024 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
DDIOD 2022 DEPORTING VEAR TOTAL	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2023 REPORTING YEAR TOTAL	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

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

ZIP CODE

69101

STATE

NE

SECTION A - TYPE OF REPORT

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

FC95016 North Platte NE

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN
2415 E 4Th St Suite 3
NORTH PLATTE

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

							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	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	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	2	0	0	0	0	0	6
PRIOR 2023 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	2	0	0	0	0	0	7

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	UKM	AHO	NKEI	OKI (EEO-	I COM	PONE	N I I)					ation Dat		
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				BLISHN											
		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings B	Bouleva	ard					NA	SHVIL	LE			TN		370°	13
SECTION C – HI	ADOL	ARTEI	PS OR	FSTAR	I ICHN	AFNT-I	FVFI	IDENT	IFICA'	TION (it	f annlies	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	<i>n</i> ib Q C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NO OIL	LOIME	HEAD(UARTE	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME	шоге			
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		SECTION 1) N E	EMPL	952920 OVED		FILE	DII ITY	17						
V vrege to the training										NO LO	JOED 1	INI DIJIGI	DIEGG		
X YES (Employer Is Eligible				-							NGER I	IN BUS	INESS		
SEC	CTION			L CONT				TION (i	if applic	able)					
_			_	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 (H	[eadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	ral Contr	actor)		
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				ON G - N					ments i	s redera	i Collu	actor)			
	423			ehicle P					salers						
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	or La	atino			M	lale					Fer	nale			
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JOB CATEGORIES				Black or African American		ian	American Indian or Alaska Native	Ra		Black or African American		ian	American Indian Alaska Native	Ra	Row
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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
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	1	0	7	1	0	0	1	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 2024 REPORTING YEAR TOTAL	1	0	8	1	0	0	1	0	1	0	0	0	0	0	12
PRIOR 2023 REPORTING YEAR TOTAL	1	0	9	1	0	0	1	0	1	0	0	0	0	0	13

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-	l COM	PONE	NT 1)					ontrol Nur ation Dat		
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		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADOU	JARTEI	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
FM66030						Hoi	nesdale	PA - K	SA OA	kΑ					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	DRESS				Cl	TY/TOW	VN			STATE		ZIP CC	DE
Rte 6 And Tr	yon St						НО	NESDA	ALE			PA		1843	31
		ON D -	- EMPI	LOYER			TION N	UMBE	R (EIN)					
X YES (Employer Is Eligible	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	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 Iment 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) (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)														
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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
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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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								
Technicians	0	0	0	0	0	0	0	0	0	0	0				2								
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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								
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SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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

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

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

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Executive/Senior Level Officials and 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
Technicians Sales Workers	0	1	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 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
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EEOC Standard Form 100 (SF 100) Revised 08/2023

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SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable VES (Single-Establishment Employer is Federal Contractor) VES (Multi-Establishment Employer is Federal Contractor)															
Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
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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	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
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SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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

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Professionals 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 Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT														46-0049 /2026
				-		-	-				ı				
OFS COMPANY ID		SECT	ION E	3 – EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					N	achville				OFFICE					
					i N	asiiviiic				OI I ICL					
ADDRESS								TY/TOW				STATE		ZIP CC	
5846 Crossings I	Bouleva	ard					N/	ASHVIL	LE			TN		370	13
SECTION C - HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME				
FM66122						Ki	ngston	PA - K	4O A&	A					
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADI	RESS				C	TY/TOW	/N			STATE		ZIP CC	DDE
588 Market S	Street						KI	NGST	N			PA		1870	04
	SECTI	ON D -	EMP	LOYER	IDENT	TIFICA	TION N	UMBE	R (EIN)					
				9	952920	557									
X YES (Employer Is Eligible				• EMPL over Is N	_					NO LON	NGER :	IN RUSI	INESS		
											TOLK	111 200	II (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 (Single-Establishment Employer is Federal Contractor) Tyes (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 (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														
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	Hier	anic						Hispan		atino					
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				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		Two or More Races	Row
JOB CATEGORIES		<u>o</u>	ø.	ck or Afric American	_	aiii	nerican Indian Alaska Native	e 22	a)	or	_	aiie Isl	American Indian Alaska Native	e R	Total
	Male	Female	White	r A	Asian	aw	Z Z	وّ	White	Black or an Amer	Asian	aw	n L a N	lor	
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				B		the dat	Am /	ۆ		Αŧ		ta da	Am,	Š	
						- 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	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	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	1	0	0	0	0	0	0	0	0	0	0	0	1
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 2024 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
PRIOR 2023 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
		SECTION)N I –	WORK	FORCI	E SNAP	SHOT	PERIO	D	1		1	1		

12082024 - 12212024

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

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

2024 EMPLOYER INI	OKM	AHO	NKEI	OKI (EEO-	I COM	PONE	N1 1)					ation Dat		
			-	TION A			-								
			ESTA	BLISH	/ENT-	LEVEL	REPOR	RT							
		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings E	Bouleva	ard					NA	SHVIL	LE			TN		370	13
SECTION C – HI	ADOL	ARTEI	PS OR	FSTAR	I ICHN	AFNT-I	FVFI	IDENT	IFICA'	TION (it	f annlies	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	<i>n</i> iDQC	TINIL	NO OIL	LOIM	HEADO	UARTE	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME	uoic)			
FM66151						Green	sburg I	PA - KA	O Log	istics					
HEADQUARTERS OR ESTABLISHME	NT LEV	/EL ADE	DECC					TY/TOW				STATE	1	ZIP CC	DE
1513 Woodward D			KESS					ENSB				PA		1560	
												ГА		1300	J1
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)					
		SECTIO	N F	EMPL	952920 OVED		FLICI	DII IT	V						
X YES (Employer Is Eligible										NO LON	VCED I	INI DI ICI	INIECC		
				-							NGER I	пов	INESS		
SEC	TION			L CONT				TION (i	if applic	able)					
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☐ YES (Single-Establishm	shment Employer is Federal Contractor)														
☐ YES (H	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	HIC DA	TA						
							Race/E								
		anic					Not	Hispan	ic or L	.atino					
	or La	atino			IV	lale	ı	ı			Fer	nale	1		
														"	
				Ę		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	e or	Two or More Races	
JOB CATEGORIES				Black or African American		iiar	nerican Indian Alaska Native	Ra		ric		iiar	nerican Indian Alaska Native	Ra	Row
	<u>e</u>	Female	White	ck or Afric American	Asian	ic l	Na Na	<u>e</u>	White	Black or	Asian	wai	Inc	<u>r</u> e	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	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	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 2024 REPORTING YEAR TOTAL	0	0	19	0	0	0	0	0	1	0	0	0	0	0	20
PRIOR 2023 REPORTING YEAR TOTAL	0	0	19	0	0	0	0	0	1	0	0	0	0	0	20

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	[ATIO]	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nui ation Dat		
				TION A BLISHN				RT							
		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
5846 Crossings E	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C – HE			PS OR	FSTAR	I ISHN	/FNT_I	EVEL	IDENT	IFICA'	TION (i	f annlie	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	ADQU	AKIL	NO OIL							Γ-LEVEL		aoic)			
FM66162					`	· E	xeter P	A - KA	O A&A						
HEADQUARTERS OR ESTABLISHME	NT LEV	/EL ADE	DECC		1			TY/TOW			<u> </u>	STATE		ZIP CO	DE
1575 Wyomin		EL ADL	KESS					XETE				PA		1864	
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					952920	557)					
_				EMPL											
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Eligi	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUS	NESS		
SEC	CTION			L CONT				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-Establishme															
□ VES (H	(Headquarters is Federal Contractor)														
LES (II	(Headquarters is Federal Contractor)														
	YES (One or More Non-Headquarters Establishment is Federal Contractor) SECTION G – NAICS INFORMATION														
	4231)N G − I ehicle F					salers						
				VORKE											
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale	1				Fer	nale			
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				_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		⊆		Native Hawaiian or Other Pacific Islander	P	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 or Alaska Native	Зас	Row
JOB CATEGORIES	ø	<u>e</u>	<u>a</u>	\fri	⊆	/aii	ndj Iat	ē	ē	Jo J	⊆	/aii	nd lat	ē	Total
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	~	윤	>	ck or Afric American	⋖	e F Pac	ica ask	ı.	>	B E	⋖	Рас	ica	7	
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												_			
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers Craft Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
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 2024 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2023 REPORTING YEAR TOTAL	0	0	8	0	0	0	0	0	0	0	0	0	0	0	8

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT													mber: 30 te: 11/30/	
				TION A											
		SECT	ION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings E	Bouleva	ard					N/	SHVIL	LE			TN		370 ⁻	13
SECTION C – HE			2S OR	FSTAR	HZI ISHN	/FNT-I	FVFI	IDENT	TEICA'	TION (i	f applie	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	anoge	<i>7</i> 111111	NO OIL							Γ-LEVEL		иоте)			
FM66173						Pe	eckville	PA - K	AO A&	A					
HEADQUARTERS OR ESTABLISHME	NT-I FX	/FL ADD	RESS					TY/TOV				STATE		ZIP CC	DE
1537 Main		LLTIDL	TLLDD					CKVIL				PA		184	
		ON D -	EMPI	LOYER	IDENT	TIFICA')					
		SECTIO	ON E -	- EMPL	9 <mark>52920</mark> OYER		ELIGI	BILIT	Y						
X YES (Employer Is Eligible										NO LO	NGER	IN BUS	INESS		
SEC	TION			L CONT				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)															
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
		140 - M	otor V	ehicle P	Parts (U	lsed) M	erchant	Whole							
	SE	ECTION	I H – V	VORKF	ORCE										
							Race/E								
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	Of L	atino			IVI	ale	1			1	rei	male			-
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 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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
	,	SECTIO)N I –	WORK	FORCI	E SNAP	SHOT 1	PERIO	U						

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nui ation Dat		
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		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							Cl	TY/TOV	/N			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	ASHVIL	LE			TN		3701	13
SECTION C - H	FADOL	ARTE	RSOR	ESTAB	RLISHN	AENT-I	EVEL	IDENT	IFICA	TION (it	fannlica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	Lilbye	<i>7</i> 111111111111111111111111111111111111	NO OIL	LOTTE	HEADQ	UARTE	RS OR ES	STABLIS	HMENT	Γ-LEVEL	NAME	1010)			
FM66184						Bloo	omsbur	a PA - I	KAO A	&A					
HEADQUARTERS OR ESTABLISHM	ENT-I EV	/FL ADD	RESS					TY/TOV				STATE		ZIP CO	DE
519 East		LLMDL	ILLUU					OMSB				PA		1781	
313 Ed36												1 A		170	-
	SECTI	ON D -	EMPI		IDEN'I 952920	ΓΙ <mark>ΓΙ</mark> CΑ΄ <mark> 557</mark>	TION N	UMBE	R (EIN)					
W vpa a		-			_	FILING	_				·arr.				
X YES (Employer Is Eligible											NGER	IN BUSI	NESS		
SE	CTION					OR DE		TION (f applic	able)					
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 (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
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IOD CATECORIES				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian 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	συ	Female	g)	ck or Afric American	_	/aii	ndi Iati	ė	ø	Black or an Amer	u	/aii	ndi Iati	ė	Total
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				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 Professionals	0	0	0	0	0	0	0	0	0	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 Operatives	0	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 2024 REPORTING YEAR TOTAL	1	0	4	0	0	0	0	1	0	0	0	0	0	0	6
PRIOR 2023 REPORTING YEAR TOTAL	1	0	4	0	0	0	0	1	0	0	0	0	0	0	6
	-	SECTIO)N I –			E SNAP		PERIO)						

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

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

2024 EMPLOYER IN	OYER INFORMATION REPORT (EEO-1 COMPONENT 1)													mber: 30 te: 11/30	
			SEC	TION A	– TYP	E OF R	EPORT				I				
				BLISH											
OFFI COMPANY		SEC	TON I	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID								.OYER N			_				
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE.			TN		370°	13
SECTION C - H	EADQU	ARTE	RS OR	ESTAB								able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE.	RS OR E	STABLIS	SHMEN	T-LEVEI	NAME				
FM66214						LaC	rosse V	VI - KA	O Logis	stics					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
2721 Hemsto	ock St						LA	CROS	SE			WI		5460	03
	SECTI	ON D	FMD	LOYER	IDEN	rific A	TION N	HIMBE	D (FIN	D.					
	SECTI	ON D -	- 151411		952920		IION	TOME	M (EII)	•)					
		SECTI	ON E -	- EMPL			G ELIG	IBILIT	Y						
X YES (Employer Is Eligible										NO LO	NGER	IN BUS	INESS		
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
SE	Unique Entity ID (UEI): Not Applicable														
VFC (Single Establishm	<u>Unique Entity ID (UEI)</u> : Not Applicable chment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											0	0	0	11

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

Laborers and Helpers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

Service Workers

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

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

2024 EVII EOTEKT	M OKW	IATIO	I NIE	OKI (EEO-	COM	I ONE	1111)				Expir	ration Dat	e: 11/30/	2026
				TION A							•				
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OPG COMPANY ID		SECT	TION E	3 – EMP	LOYE	R IDEN			(A) (E)						
OFS COMPANY ID AC16425					N	lashville		OYERN		OEEICE					
					IN	lastiville				OFFICE					
ADDRESS								ITY/TOV				STATE		ZIP CC	
5846 Crossings								ASHVIL				TN		370	13
SECTION C - I	HEADQU	J ARTE I	RS OR	ESTAB	BLISH	MENT-I	LEVEL	IDENT	'IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD(QUARTE					NAME				
FM66241						Rich	mond I			tics					
HEADQUARTERS OR ESTABLISH	MENT-LEV	VEL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
910 West Indu	ustries Ro	d.					RI	CHMO	ND			IN		4737	74
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		SECTION	ON E -	- EMPL	OYER	FILING	ELIG	BILIT	Y						
X YES (Employer Is Eligib	le to File)	ON 🔲	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER 1	IN BUS	INESS		
Si	ECTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA	TION (if applic	able)					
				ntity ID (• • •						
☐ YES (Single-Establish	ment Emp	ployer is	Federa	l Contra	ctor)	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	1 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															
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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>	Female	te	ck or Afric American	Ę	vai c Is	lat Aat	<u> </u>	te	Black or	n n	vai	lat Nat	re	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	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	0	26	1	1	0	0	0	0	0	0	0	0	0	28
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTA		0	28	1	1	0	0	0	0	0	0	0	0	0	30
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PRIOR 2023 REPORTING YEAR TOTA	L 0	0	29	1	1	0	0	0	0	0	0	0	0	0	31
, I OKTING TEXT TOTAL			<u> </u>	<u> </u>		1				<u> </u>					

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A - TYPE OF REPORT													e: 11/30/	
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						LEVEL I									
OFS COMPANY ID		SECT	TON B	– ЕМР	LOYE	R IDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
												COT A TEN		7ID CC	DE
ADDRESS								TY/TOW				STATE		ZIP CO	
5846 Crossings I								SHVIL				TN		3701	13
SECTION C - HI	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
FM66283						На	azelton	PA - K	AO A&	A					
HEADQUARTERS OR ESTABLISHMI		EL ADD	RESS					TY/TOW				STATE		ZIP CO	
459 W Broa	id St						HA	ZLETO	ON			PA		1820)1
	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	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LON	IGER I	N BUS	INESS		
SEC	CTION	F – FEI	DERAI	LCONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
~						Not App				,					
☐ YES (Single-Establishm	ishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	(Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES (F															
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	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	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	0
Craft Workers Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	4	0	1	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	ATIO	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT													
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OFS COMPANY ID								OYER N								
AC16425					N	ashville	IN - C	ORPO	RAIE	OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE	
5846 Crossings E	3ouleva	ard					NA	SHVIL	LE			TN		3701	3	
SECTION C - HE	EADQU	ARTEI	RS OR	ESTAB	LISHN	AENT-I	EVEL	IDENT	IFICA'	TION (it	f applica	able)	1			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME					
FM66306						Oklah	oma Ci	ty OK -	KAO I	_ogis						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE	
2000 South Council R	oad, Sı	uite 101					OKLA	НОМА	CITY			OK		7312	28	
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)						
				EMPL		FILING										
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	IN 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-Establishme	nent Employer is Federal Contractor)															
□ YES (H	Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)															
	Headquarters is Federal Contractor)															
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	0	0	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 Laborers and Helpers	3	0	0	0	0	0	0	0	0	0	0	0	0	0	12 0	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2024 REPORTING YEAR TOTAL	3	0	5	1	0	0	2	0	1	0	0	0	1	0	13	
PRIOR 2023 REPORTING YEAR TOTAL	2	0	3	0	0	0	0	0	1	0	0	0	1	0	7	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER	INFORMATION REPORT (EE	CO-1 COMPONENT 1)		on Date: 11/30/2026								
		TYPE OF REPORT										
		NT-LEVEL REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
AC16425		Nashville TN - CORPORATE OFFICE										
ADDRESS CITY/TOWN STATE ZIP CODE												
5846 Crossings Boulevard NASHVILLE TN 37013												
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 ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
9242 Comi	merce Hwy	PENNSAUKEN	NJ	08110								
		ENTIFICATION NUMBER (EIN) 920557										
	SECTION E - EMPLOY	ER FILING ELIGIBILITY	·									
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File) TEMPLOYER NO LONGE	R IN BUSIN	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

	Race/Ethnicity Hispanic Not Hispanic or Latino														
	Hien	anic	1							atino					
		atino			М	ale	NOL	ilispaii	IC OI L	atino	Fon	nale			
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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 2024 REPORTING YEAR TOTAL	2	1	0	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2023 REPORTING YEAR TOTAL	2	0	0	0	0	0	0	0	0	0	0	0	0	1	3

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

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

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

SECTION A - TYPE OF REPORT

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

AC16425 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** TN 37013

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

FM66342

Bridgeport CT - APO

EMPLOYER NAME

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 160 Holland Ave

CITY/TOWN STATE **BRIDGEPORT** CT

ZIP CODE 06605

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

SECTION E - EMPLOYER FILING ELIGIBILITY

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

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): Not Applicable

- ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)
 - ☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)
 - YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	Race/Ethnicity Hispanic Not Hispanic or Latino														
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	O. E.	11110								1	1 011	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	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	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 2024 REPORTING YEAR TOTAL	2	0	1	0	0	0	0	0	1	0	0	0	0	0	4
PRIOR 2023 REPORTING YEAR TOTAL	3	0	1	0	0	0	0	0	1	0	0	0	0	0	5

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

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

OMB Control Number: 3046-0049

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			SECT	ION A	- TYPI	E OF RI	EPORT								
			ESTA	BLISHN	1ENT-L	EVEL I	REPOR	T							
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossing	. Roulevs	ard						SHVIL				TN		3701	
														3701	3
SECTION C -	HEADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				-LEVEL	NAME				
FM66351							Am	arillo T	X						
HEADQUARTERS OR ESTABLISH	MENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
3931 Can	yon Dr						AN	ИARILL	.0			TX		7911	0
	SECTI	ON D -	ЕМРІ	OYER	IDENT	TIFICA	TION N	UMBE	R (EIN)	l l		L		
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		SECTIO	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 SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not 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)															
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) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
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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	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	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 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	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 2024 REPORTING YEAR TOTA	L 1	1	1	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2023 REPORTING YEAR TOTA	L 1	2	2	0	0	0	0	0	0	0	0	0	0	0	5
		SECTIO	DN I –	WORK	FORCE	ESNAP	SHOT I	PERIO)	1		1			

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	AHO	N KEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat		
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AC16425					N	مالنيطوم				OFFICE					
					IN	astiville				OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	TION (it	f applica	able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME				
FM66407						Wats	eka IL -	Geige	r Truck	Part					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
1489 East Wa	Inut St						W	ATSEK	K A			IL		6097	70
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN)	<u> </u>		I.		
	,	SECTIO	ON E -	EMPLO			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	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
	hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	ent Emp	olover is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
_	•	•													
☐ YES (F	leadqua	rters is I	ederal	Contract	tor) 📙	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
	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)														
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	423°	140 - M	otor V	ehicle P VORKF	arts (U	DEMO	erchant	Whole	salers TA						
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				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	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	2
Craft Workers	1	0	5	0	0	0	0	0	1	0	0	0	0	0	7
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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 2024 REPORTING YEAR TOTAL	1	0	14	0	0	0	0	0	2	0	0	0	0	0	17
PRIOR 2023 REPORTING YEAR TOTAL	1	0	13	0	0	0	0	0	2	0	0	0	0	0	16

SECTION I – WORKFORCE SNAPSHOT PERIOD

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

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

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

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2024 EMI LOTEKTI	Expiration Date: 11/3													e: 11/30/	2026
				ION A											
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		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C – H			DC OD	ECTAD	I ICIIN	TENT I				CIONI (:	famulias				
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HEADQUARTERS OR ESTABLISHM			RESS					TY/TOW				STATE		ZIP CO	
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	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)	•				
		CE CTI	NI E	EMPLO	052920		FLICI	DII ITS	.7						
X YES (Employer Is Eligibl				-							NGER I	N BUSI	INESS		
SE	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : 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-Establishm	ment Employer is Federal Contractor)														
□ VES (ment Employer is Federal Contractor)														
	(Headquarters is Federal Contractor)														
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JOB CATEGORIES		o o		Black or African American		iiia Isla	nerican Indian Alaska Native	Š		eric		iia Isla	nerican Indian Alaska Native	R	Row Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1	0	0 8	0	0	0	0	0	2	0	0	0	0	0	0 11
Professionals	0	0	0	0	0	0	0	0	0	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	11	1	0	0	0	0	2	0	0	0	0	0	15
Administrative Support Workers Craft Workers	10	0	0	0	0	0	0	0	6	0	0	0	0	0	8 14
Operatives	8	0	11	4	0	0	0	0	0	1	0	0	0	0	24
Laborers and Helpers	1	0	6	5	0	0	0	0	0	0	0	0	0	0	12
Service Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2024 REPORTING YEAR TOTAL	21	1	40	11	0	0	0	0	10	1	1	0	0	0	85

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

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

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
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OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C - H	EADOU	ARTEI	RS OR	ESTAB	LISHN	/ENT-I	EVEL	IDENT	IFICA'	FION (it	f applica	able)	l .		
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
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6320 Boat Rock								TLANT				GA		3033	
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		SECTIO	ON E -	EMPL	952920 OYER		ELIGI	BILITY	7						
X YES (Employer Is Eligible		-			_					NO LON	NGER I	IN BUS	INESS		
SE	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
□ ves (nent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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									ments 1	s Federa	I Contra	actor)			
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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 Alaska Native	Two or More Races	Row
JOB CATEGORIES	a)	Female	ţ.	ck or Afric American	Ę	vaii	Ind	<u>ē</u>	te	Black or an Amer	u.	Vaii	Ind	ē	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	1	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 Administrative Support Workers	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Craft Workers	1	0	0	1	0	0	0	0	0	0	0	0	0	0	2
Operatives	1	1	0	3	0	0	0	0	0	0	0	0	0	0	5
Laborers and Helpers	22	5	1	7	0	0	0	0	0	0	0	0	0	0	35
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	24	8	5	11	0	0	0	1	1	0	0	0	0	0	50
PRIOR 2023 REPORTING YEAR TOTAL	20	8	6	10	1	0	0	1	1	0	0	0	0	0	47

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

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

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

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OFS COMPANY ID		SECT	ION B	– EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS								TY/TOV				STATE		ZIP CO	
5846 Crossings B			20.00					SHVIL			2 1	TN		3701	3
SECTION C – HI	EADQU	AKTE	RS OR	ESTAB	LISHN HEADO	<u>IENT-I</u>	RS OR ES	IDENT	IFICA:	ΓΙΟΝ (11 Γ-LEVEL	t applica	able)			
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HEADQUARTERS OR ESTABLISHME			RESS					TY/TOV				STATE		ZIP CO	DE
199 Canal Road,	Suite 1	00					FAIR	LESS F	HILLS			PA		1903	30
	SECTI	ON D -	EMPI	LOYER	IDEN ⁷ 052920		TION N	UMBE	R (EIN)					
_				EMPLO	OYER	FILING									
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 Endand Contractor) ☐ VES (Multi-Establishment Employer is Endand Contractor)															
Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
Unique Entity ID (UEI): Not Applicable															
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ☐ YES (One or More Non-Headquarters Establishments 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															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
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	or La	atino			IV	ale					Fer	nale			
100 0175 00050				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>	Female	te	Black or African American	Ę	vaii	nerican Indian Alaska Native	re F	te	c or mer	иĸ	vaii c Is	nerican Indian Alaska Native	ē	Total
	Male	em	White	or /	Asian	Hav	kal	Mo	White	Black or	Asian	Hav	an l ka l	Š	
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Executive/Senior Level Officials and Managers		•	•				_	•	•		•		•		•
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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 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 2024 REPORTING YEAR TOTAL	2	0	2	0	0	0	0	1	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	1	0	3	0	0	0	0	1	0	0	0	0	0	0	5
	5	SECTIC)N I –	WORKI 12082		E SNAP 1221202		PERIO	D						
SECTION J	– HEAI	DQUAR	RTERS					EL CO	OMME	NTS (op	tional)				

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
						E OF RI		T.				•			
		SECT	ION B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	IN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings E	Bouleva	ırd					NA	SHVIL	LE			TN		3701	13
SECTION C - HE	EADQU	ARTEI	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME	•			
FM66508							Tem	ecula (CA						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
42000 Zevo Drive	, Unit 1	02					TE	MECU	LA			CA		9259	90
	SECTI	ON D -	EMPI		IDENT 952920	ΓΙΓΙCA'	TION N	UMBE	R (EIN)					
		SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	Unique Entity ID (UEI): Not Applicable														
SEC	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)														
	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)														
☐ YES (Single-Establishm															
□ VES (F	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 Establishment is Federal Contractor)														
	ent Employer is Federal Contractor) 🔲 YES (Multi-Establishment Employer is Federal Contractor)														
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	4231	S 140 - M	otor V)N G - I ehicle P	NAICS Parts (II	INFOR	MATIU erchant	N Whole	salers						
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	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
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				_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		Ę		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 Other Pacific Islan	American Indian or Alaska Native	Rac	Row
JOB CATEGORIES	Ф	Female	te	ck or Afric American	ur.	vai	Ind Nat	<u>ē</u>	te	Black or an Amer	Ę	vai	Ind	<u>ē</u>	Total
	Male	Ĕ	White	or ,	Asian	da da	an l	9	White	ack	Asian	da Çiji	an l	Θ	
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	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	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 2024 REPORTING YEAR TOTAL	4	0	1	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	AHO	NKEI	OKI (EEO-	I COM	PONE	N1 1)					ation Dat			
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				B – EMP												
OFS COMPANY ID		BECI	IOIVI	<u> </u>	LOIL	KIDEN		OYER N	AME							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE	
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	3	
SECTION C - H	EADQU	ARTEI	RS OR									ıble)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME					
FM66517		IEV ADD	DEGG			Att	anta GA	1	•	re		CITE A TIPE		71D CO	D.F.	
HEADQUARTERS OR ESTABLISHM 4585 Frederic			DRESS					TY/TOW TLANT				STATE		ZIP CO 3033		
4000 i redend			EMPI	LOYER	IDEN'	ΓΙFICA')		<u> </u>		3030	00	
					952920	557										
X YES (Employer Is Eligible										NO LON	NGER I	N BUS	INESS			
		TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
- - · ·	-	ent Employer is Federal Contractor)														
☐ YES (I	Headqua	nt Employer is Federal Contractor)														
		eadquarters is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) PES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	423	S 140 - M	ectic	ON G - N ehicle P	NAICS	INFOR	MATIO erchant	N Whole	salers							
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA							
							Race/E		•							
		anic atino			M	lale	Not	Hispan	ic or L	atino	Eon	nale				
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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 or Alaska Native	Two or More Races	Row	
JOB CATEGORIES	<u> </u>	Female	ţe	ck or Afric American	an	waii ic Is	nerican Indian Alaska Native	ē	ţe	Black or an Amer	an	vaii ic Is	nerican Indian Alaska Native	ē	Total	
	Male	e.	White	r or ner	Asian	Ha	an	Š	White	lacl n A	Asian	Hay	an	ĕ		
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												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 Professionals	0	0	0	0	0	0	0	0	0	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	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	6	4	2	1	0	0	0	1	0	0	0	0	0	0	14	
Service Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	
CURRENT 2024 REPORTING YEAR TOTAL	7	6	3	2	0	0	0	1	0	0	0	0	0	0	19	
PRIOR 2023 REPORTING YEAR TOTAL	5	6	3	2	0	0	0	1	0	0	0	0	0	0	17	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER INI	·ORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ation Dat		
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		SECT	ION B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings E	Bouleva	ırd					NA	SHVIL	LE			TN		370°	13
SECTION C – HE			oc on	ECT A D	T TOTTA	AENTE I				TION (:	C 1:			0.0	
HQ/ESTABLISHMENT-LEVEL UNIT ID	ADQU	AKILI	AS UK							Γ-LEVEL		ibie)			
FM66526					TIE: ID	•	ort Way				T WINIE				
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HEADQUARTERS OR ESTABLISHME		EL ADD	RESS					TY/TOW				STATE		ZIP CC	
2250 Research	on Dr.						FOF	RT WA	YNE			IN		4680)8
	SECTI	ON D -	EMPI	LOYER	IDEN'		TION N	UMBE	R (EIN	1)					
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Y						
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) Unique Entity ID (UEI): Not Applicable														
	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
SEC	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
□ * 7E0 (0: 1 E (11:1	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
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TYES (H	ment Employer is Federal Contractor)														
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	4231			ehicle P					salers						
	SE	CTION	I H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
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	or La	atino			M	lale	1	1		1	Fer	nale	1		
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	'			_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		Ę		Native Hawaiian or Other Pacific Islander	ō	More Races	
JOB CATEGORIES				ica n		ian	ian	Rac		<u>છ</u>		ian	ian	Rac	Row
JOB CATEGORIES	Φ	Female	te	Afr	Ę	cls	Ind	le l	ţ.	Black or	ű	vai c Is	Ind	<u>ē</u>	Total
	Male	Ĕ	White	or,	Asian	e a	an ca	₩	White	A ac	Asian	جة إ	an	₽	
	_ '	ъ.	>	Black or African American	•	Pa	American Indian or Alaska Native	or	>	Black or African American	٩	P a	American Indian Alaska Native	Two or I	
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	1	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	1	0	0	0	0	0	0	0	0	0	0	1
Craft Workers Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

2024 EWII LOTEK II	VI OKWI	AHO	N KEI	OKI (EEO-	COM	I ONE.	N1 1)				Expi	ation Dat	e: 11/30/	2026
				TION A				RT.			•				
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		BECI	10111	Livii	LOIL	K IDEI		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							CI	TY/TOW	/NI		1	STATE	1	ZIP CC	NDE.
5846 Crossings								SHVIL				TN		370′	13
SECTION C – I	IEADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
FM66553						Sp	oartanb	urg SC	- Knop	of					
HEADQUARTERS OR ESTABLISHM	Street SPARTANBURG SC 2930 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)														
133 Clinton	Street SPARTANBURG SC 2930 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E - EMPLOYER FILING ELIGIBILITY e to File) \(\bigcap \text{NO (Employer Is Not Eligible to File)} \(\bigcap \text{EMPLOYER NO LONGER IN BUSINESS} \)														01
	SECTI	ON D -	EMPI				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 ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
X YES (Employer Is Eligib										NO LOI	NGER I	IN BUS	INESS		
	ECTION 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)														
VFS (Single Establish															
	Unique Entity ID (UEI): Not Applicable chment 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 hment 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) YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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	4231	140 - M	otor V	ehicle P	arts (U	Ised) M	erchant	Whole	salers						
	SE	CTION	V H – V	VORKF	ORCE										1
							Race/E			_					
		anic					Not	Hispan	ic or L	atino					
	or La	atino			IVI	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
				Bi		Nati Othe	Ame A	Two		Afr		Nati Othe	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	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	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 2024 REPORTING YEAR TOTAL	. 0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
PRIOR 2022 REPORTING VEAR TOTAL	0	0	1	0	n	0	0	0	1	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												Expiration Date: 11/30/2026					
				TION A													
		SECT	TION I	3 – EMP	LOYE	R IDEN	TIFIC	ATION									
OFS COMPANY ID							EMPL	OYER N	IAME								
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE							
ADDRESS	CITY/TOWN											STATE		ZIP CC	DDE		
5846 Crossings Boulevard						NASHVILLE							TN 370				
SECTION C - HI	EADOL	JARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	TFICA'	TION (i	f applica	able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID						UARTE											
FM66571		Alsip IL - Knopf															
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADI	ORESS				C	ITY/TOV	VN			STATE	`ATE ZIP CODE				
11800 South Austin	Ave, S	uite C						ALSIP				IL	IL 60803				
	SECTI	ON D -	-EMP	LOYER	IDENT		TION N	NUMBE	CR (EIN	D							
		SECTION	ON E -	- EMPL	OYER	FILING	G ELIG	IBILIT	Y								
▼ 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				
SEC	CTION	F – FE	DERA	L CONT	FRACT	OR DE	SIGNA	TION (if applic	able)							
~				ntity ID (,							
☐ YES (Single-Establishm	ent Emr	olover is	Federa	ıl Contrac	ctor)	VES (Multi-Es	tablishn	nent Em	nlover is	s Federa	l Contra	ctor)				
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YES (F	leadqua	rters is	Federal	Contrac	tor)	YES (N	Non-Hea	dquarter	s Establ	ishment	is Feder	ral Conti	ractor)				
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	Of Latino											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 GATEGORIES	a	ae	ţ	Afr	Ę	c ls	Ind Aat	<u>ə</u>	ţ.	le c	Ę	kaj C. Is	lat at	<u> </u>	Total		
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				ш .		울동	Ā	≥		∢		불	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	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 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	0	0	0	0	0	0	0	1		

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

Laborers and Helpers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

Service Workers

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

OMB Control Number: 3046-0049

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												Expiration Date: 11/30/2026				
SECTION A – TYPE OF REPORT																
			ESTA	BLISH	MENT-	LEVEL	REPOF	RT								
SECTION B - EMPLOYER IDENTIFICATION ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENGLOYER MANUEL ENG																
OFS COMPANY ID	EMPLOYER NAME															
AC16425	Nashville TN - CORPORATE OFFICE															
ADDRESS			C	ITY/TOV	VN			STATE ZIP COI			DDE					
5846 Crossings Boulevard							NASHVILLE							37013		
SECTION C - H	EADQU	JARTE	RS OR	ESTAB	BLISHN	AENT-I	LEVEL	IDENT	'IFICA'	TION (i	f applic	able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME					
FM66600						Bell	eville M	/II - Sur	plus Pa	arts						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADI	DRESS				C	ITY/TOV		STATE ZIP CO			DDE			
13000 Hagger						BELLEVILLE							MI 48111			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)																
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		SECTION	ON E -	- EMPL			ELIG	BILIT	Y							
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SEC	JION			L CONT					п аррис	cable)						
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)																
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SECTION H - WORKFORCE DEMOGRAPHIC DATA																
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JOB CATEGORIES		σ		Black or African American	_	ajia Isla	nerican Indian Alaska Native	8		P. eric	_	lia Isla	American Indian Alaska Native	8	Row Total	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	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	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	1	
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2024 REPORTING YEAR TOTAL	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2	
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EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO			•								ontrol Nu ration Da		
			SECT	TION A	- TYP	E OF R	EPORT				•				
			ESTA	BLISH	MENT-I	LEVEL	REPOR	RT							
		SECT	TION E	B – EMP	LOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID							EMPI	LOYER N	IAME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CO	DDE
5846 Crossings	Bouleva	ard					N	ASHVIL	LE.			TN		370	13
SECTION C - HI	EADQU	ARTE	RS OR	ESTAE	BLISHN	MENT-I	LEVEL	IDENT	'IFICA'	TION (i	if applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME				
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HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CO	DDE
13054 E. Wade Ha	mpton !	Blvd.						GREEF	?			SC		296	51
	SECTI	ON D -	-EMP				TION N	NUMBE	R (EIN)	ı				
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E – EMPLOYER FILING ELIGIBILITY le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
VEC (Employer La Elicibi	SECTION E – EMPLOYER FILING ELIGIBILITY le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
	e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	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	2	0	3	0	0	0	0	1	1	0	0	0	0	0	7
Administrative Support Workers	1	0	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

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

Operatives

Laborers and Helpers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

Service Workers

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT ((EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Da		
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		SECT		3 – EMI											
OFS COMPANY ID		SEC	HONT) — EIVII	LOIL	KIDEN		OYERN	JAME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE	≣				
ADDRESS								ITY/TOV				STATE		ZIP CC	
5846 Crossings								ASHVIL				TN		370	13
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	JARTE	RS OR	ESTAI	HEADO	MENT-I	RS OR E	STARL I	TFICA'	TION (i T-LEVEL	f applica	able)			
FM66636					TIEAD		-ayette				INAME				
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADI	ORESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
155 Roberts	Road						FAY	'ETTE\	/ILLE			GA		302	14
	SECTI	ON D -	- EMP				TION N	NUMBE	ER (EIN	I)			•		
	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														
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														
	ible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	ıl Contra	ctor)	YES (Multi-Es	stablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
☐ YES (I	Headqua	rters is	Federal	Contrac	ctor)	YES (N	Non-Hea	dquarte	s Establ	lishment	is Feder	ral Conti	ractor)		
		□ Y	ES (O	ne or Mo	ore Non	ı-Headqı	uarters I	Establish	nments i	is Federa	al Contr	actor)			
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JOB CATEGORIES	ø	<u>e</u>	क	Black or African American	⊑	vaii8 c Isl	nerican Indian Alaska Native	e R	<u>a</u>	Black or African American	⊆	vaii8 c Isl	American Indian Alaska Native	e R	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
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	0	0	0	0	0	0	0	1	0	0	0	0	3
Administrative oupport workers	_ ·	v	· ·		V		V	· ·	· ·		· ·			· ·	<u> </u>

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

Craft Workers

Service Workers

Laborers and Helpers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

Operatives

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

2024 EMPLOYER	INFORMATION REPORT (EF	CO-1 COMPONENT 1)		ol Number: 3046-0049 in Date: 11/30/2026									
		TYPE OF REPORT NT-LEVEL REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME											
AC16425		Nashville TN - CORPORATE OFFICE											
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE									
5846 Crossin	gs Boulevard	NASHVILLE	TN	37013									
SECTION C -	SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) O/ESTABLISHMENT-LEVEL LINIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME													
FM66645 Wichita KS - Self Service													
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
700 East 21S	t Street North	WICHITA	KS	67214									
		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) EMPLOYER NO LO	NGER 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	YES (Multi-Establishment Employer is	s Federal Contractor))									
☐ YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment	is Federal Contracto	r)									
	YES (One or More	Non-Headquarters Establishments is Federa	al Contractor)										
		ICS INFORMATION											
		s (Used) Merchant Wholesalers CE DEMOGRAPHIC DATA											

Race/Ethnicity Not Hispanic or Latino Hispanic Male Female or Latino 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 Total White 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 2024 REPORTING YEAR TOTAL** PRIOR 2023 REPORTING YEAR TOTAL

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

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

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

SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** TN 37013 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID

HQ/ESTABLISHMENT-LEVEL UNIT ID

FM66654

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Fort Wayne IN - Self Service

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN STATE ZIP CODE
4820 Moeller Road FORT WAYNE IN 46806

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

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) ☐ 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	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	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	0	0	0	0	0	0	0	0	0	0	0	2
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	4	0	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 2024 REPORTING YEAR TOTAL	0	0	8	0	0	0	0	0	4	1	0	0	0	0	13
PRIOR 2023 REPORTING YEAR TOTAL	0	1	6	1	0	0	0	0	5	1	0	0	0	0	14

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
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		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C – H			DS OD	FCTAB	I ICHN	/ENT_I	EVEL	IDENT	IFICA'	FION (i	fannlies	bla)			
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	:	SECTIO	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 LON	IGER I	N BUSI	NESS		
SE	CTION							ΓΙΟΝ (i	if applic	able)					
		Uni	ique En	tity ID (<u>UEI)</u> :	Not App	licable								
☐ YES (Single-Establishn	ent Emp	loyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	ablishn	nent Em	ployer is	Federa	Contra	ctor)		
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	Hier	anic	1					Hispan		atino					
		atino			М	ale	NOU	пэрап	lic or L	atino	Fen	nale			
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				Black or African American		an c	American Indian or Alaska Native	Two or More Races		Black or African American		anc	American Indian or Alaska Native	ä	Row
JOB CATEGORIES	-	<u>o</u>	d)	fric	_	lsi äi	ndia	₽		or	_	≌	ndia ati	⊕ 22	Total
	Male	Female	White	ck or Afric American	Asian	aw	nerican Indian Alaska Native	<u> </u>	White	Black or an Amer	Asian	aw	nerican Indian Alaska Native	<u> </u>	
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				В		Native Hawaiian or Other Pacific Islander	An'	≥		¥		Native Hawaiian or Other Pacific Islander	An ,	Two or More Races	
														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	1	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
Administrative Support Workers	3	7	0	1	0	0	0	0	9	2	0	0	0	0	22
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	3	7	0	1	1	0	0	0	10	2	0	0	0	0	24
COMMENT EVENTED ON THE TEAM TOTAL							_								
PRIOR 2023 REPORTING YEAR TOTAL	0	7	0	0	1	0	0	0	12	3	0	0	0	0	23

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	AHO	NKEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat		
				TON A BLISHN				T.							
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		370	3
SECTION C – H			DC OD	ECTAD	T ICIIN	AENT I		_		TION G	familias				
HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKIL	KS UK	ESTAD	HEADO	HARTEI	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME	ibie)			
GA29892						•	leville N								
		TEL ADE	DECC			Doi		TY/TOW				COT A OTE		ZID CC	DE
HEADQUARTERS OR ESTABLISHM)KESS									STATE		ZIP CC	
41247 East Huro			EMDI	LOYER	IDENT	CIEICA'		LLEVIL)		MI		4811	
				9	952920	557				,					
X YES (Employer Is Eligible				EMPLO						NO LOI	NGER I	N BUSI	NESS		
											TOLK	11 12 001	11200		
SE	CTION			tity ID (HON (1	п аррис	abie)					
☐ YES (Single-Establishn	t F		_	-				1. 1 : . 1		1 :	To do not	I C	-4		
_	_	-													
YES (1	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)			
				N G - N								-			
		140 - M	otor V	ehicle P	arts (U	lsed) M	erchant	Whole							
	SE	CTION	1 H – V	VORKF	ORCE										
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale				1	Fen	nale			
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				핆		Native Hawaiian or Other Pacific Islande	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		as a		Black or African American		iiai	nerican Indian Alaska Native	S _S		Black or African American		iial Isla	nerican Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	ic	Na P	ore	White	Black or an Amer	Asian	ic	Na P	ore	Total
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				Bi		lati he	Ĕ 4	8		Afr		lati he	ğ	8	
						~ 5	1	-				∠ 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	3	0	0	0	0	0	1	0	0	0	0	0	4
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 Administrative Support Workers	0	0	6	0	0	0	0	0	8	0	0	0	0	0	18 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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	1	1	0	0	0	0	6	0	1	0	0	2	11
CURRENT 2024 REPORTING YEAR TOTAL	0	1	11	2	0	0	0	1	18	0	1	0	0	3	37
PRIOR 2023 REPORTING YEAR TOTAL	0	1	10	3	0	0	0	1	23	1	0	0	0	2	41

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
				ION A BLISHN				:T			1				
		SECT	ION B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C - H	EADOU	ARTEI	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL					
GA29917							Mont	gomery	' AL						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
5112 Lower Wet							MON	ITGOM	IERY			AL		3611	
			EMPI	LOYER			TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPL	952920 OYER		ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	IN BUSI	NESS		
SEC	CTION			L CONT				ΓΙΟΝ (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 (F	Headqua:	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
	•									s Federa					
				ON G - N					inches i	3 I cacia	i Contro	(101)			
	423			ehicle P					salers						
				VORKF											
							Race/E	thnicity	у						
		anic				_	Not	Hispan	ic or L	atino.					
	or La	atino			М	ale					Fer	nale	1		
				ur.		Native Hawaiian or Other Pacific Islander	or e	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES		4		ri E		iiar sla	diar	Ra		r		iiar sla	liar	Ra	Row
	Male	Female	White	Black or African American	Asian	wa Ic I	American Indian or Alaska Native	ore	White	Black or African American	Asian	wa ic I	nerican Indian Alaska Native	ore	Total
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						-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 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	4	0	0	0	0	0	0	0	0	0	0	0	4
Operatives Laborers and Helpers	0	0	7	13 0	0	0	0	0	0	0	0	0	0	0	20 0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	18	13	0	0	0	0	1	0	0	0	0	0	32
PRIOR 2023 REPORTING YEAR TOTAL	0	0	19	12	0	0	0	0	1	0	0	0	0	0	32

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	AHO	NKEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat	e: 11/30/	
				TON A - BLISHN				:T			•				
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C - H			DC OD	ECTAD	I ICIIN	AENT I				TION G	familias				
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	NS UK			UARTEI						ibie)			
GA29935						(FL - F							
HEADQUARTERS OR ESTABLISHMI		TEL ADE	DEGG		-1							COT A OTE		7ID CC	DE
		EL ADL	KESS					TY/TOW				STATE		ZIP CO	
11900 Starke		ON D -	FMPI	LOYER	IDENT	rifica'		ARGC)		FL		3377	3
					52920	557				,					
X YES (Employer Is Eligible										NO LON	ACED 1	NI DIICI	NIECC		
											NGEK I	IN BUSI	INESS		
SEO	CTION			L CONT tity ID (TION (1	if applic	able)					
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☐ YES (Single-Establishm	ent Emp	noyer is	Federa	I Contrac	ctor) 🗀	YES (F	viuiti-Esi	tabiisnm	ient Em	pioyer is	Federa	Contra	ctor)		
YES (I	Headqua	rters is I	Federal	Contract	tor) 🔲	YES (N	on-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		Пу	ES (Or	ne or Mo	re Non	-Headau	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	V H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
							Race/E	thnicity	y						
	Hisp						Not I	Hispan	ic or L	atino					
	or La	atino		1 1	M	ale	1			1	Fen	nale			
				_		Native Hawaiian or Other Pacific Islander	ō	es		u		Native Hawaiian or Other Pacific Islander	o	es	
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 CATEGORIES	Φ	<u>e</u>	क	ck or Afric American	⊆	vaii	nd lat	<u>ē</u>	ā	Black or an Amer	⊆	vaii	ndi Vat	ē	Total
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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	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	0	0	0	0	0	1	0	0	0	0	0	4
Administrative Support Workers Craft Workers	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Operatives	1	0	2	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 2024 REPORTING YEAR TOTAL	3	1	8	1	0	0	0	0	1	0	1	0	0	0	15
PRIOR 2023 REPORTING YEAR TOTAL	5	1	5	1	0	0	0	1	1	0	1	0	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

18

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
				TION A											
		SECT	TON E	3 – EMP	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							Cl	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					N.A	ASHVIL	LE			TN		370°	13
SECTION C - HI	EADOU	JARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
GA29953							For	ntana C	A						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADI	RESS				Cl	ITY/TOV	VN			STATE		ZIP CC	DDE
15228 Boyle							F	ONTAN	I A			CA		9233	37
<u></u>	SECTI	ON D -	FMPI	LOYER	IDENT	TIFICA'	TION N	JIMRE	R (FIN	<u> </u>					
	SECTI	ON D -	LEWIL		953072		HONN	ONIDE	K (EII)	,					
	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)														
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER	IN BUS	INESS		
	sible 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														
520	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm															
	Unique Entity ID (UEI): Not Applicable														
☐ YES (F	ieadqua				. —			•					ractor)		
				ne or Mo					ments i	s Federa	al Contr	actor)			
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	J.	CTIO	111 - 1	VOKKI	OKCE		Race/E								
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JOB CATEGORIES		<u> </u>	ø	i fi	_	aiis	idi lati	e E	ø	ું હ	_	aii	igi ati	e E	Total
	Male	Female	White	ck or Afric American	Asian	a iii a	a N	lo.	White	Black or	Asian	a ific	a N	lo.	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	2
Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	3	0	0	1	0	0	0	0	0	0	0	0	0	0	4
Operatives Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	11 0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	12	2	0	3	0	0	0	1	0	0	0	0	0	1	19
		•			•										

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 FMPLOVER INFORMATION REPORT (FEO.1 COMPONENT 1)

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

OMB Control Number: 3046-0049

2024 EMI LOTEK IIV	FORW	AHO	IN INE	OKI ((EEO-	COM	IONE	4111)				Expir	ration Da	te: 11/30	2026
			SECT	TION A	- TYP	E OF R	EPORT	1							
			ESTA	BLISH	MENT-	LEVEL	REPOF	RT							
		SECT	TON E	B – EMP	PLOYE	R IDEN									
OFS COMPANY ID															
AC16425					N	lashville	TN - C	CORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE.			TN		370	13
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	BLISHN	MENT-I	EVEL	IDENT	TFICA	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADO	QUARTE	RS OR E	STABLIS	SHMENT	Γ-LEVEL	NAME				
GA29980							Vict	torville (CA						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADI	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
17229 Gaslii	ne Rd						VIC	TORVI	ILLE			CA		923	94
	SECTI	ON D -	EMPI	LOYER	IDEN	ΓΙΓΙCΑ	TION N	NUMBE	R (EIN)					
	953072886 SECTION E – EMPLOYER FILING ELIGIBILITY														
	SECTION E – EMPLOYER FILING ELIGIBILITY gible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
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)														
SEG	gible 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-Establishm	ent Emp	oloyer is	Federa	ıl Contra	ctor)	YES (Multi-Es	stablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
YES (I	Headqua	rters is l	Federal	Contrac	ctor)	YES (N	Ion-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	ractor)		
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	423	140 - M	otor V	ehicle F	Parts (L	Jsed) M	erchant	t Whole	esalers						
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	or L	atino			M	lale					Fer	nale			
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JOB CATEGORIES				ı.		ian slan	lian	Ra		ا يَّ		ian	lian	Ra	Row
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	Sings Boulevard C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Victorville CA LISHMENT-LEVEL ADDRESS Gasline Rd VICTORVILLE CA 92394 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 953072886 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)														
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	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	4	0	1	0	0	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

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

Craft Workers

Service Workers

Laborers and Helpers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

Operatives

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
						E OF RI LEVEL									
		SECT	TION I	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					N	lashville	: TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Boulev	ard					N/	SHVIL	l F			TN		370	13
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	SECT	ION D -	-EMP		IDEN' 952920	FIFICA 0557	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)														
X YES (Employer Is Eligibl	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														
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															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not 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)															
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)															
Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers 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	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Administrative Support Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers Operatives	0 11	0	1	0	0	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 2024 REPORTING YEAR TOTAL	17	0	2	0	0	0	0	0	0	0	0	0	0	0	19
PRIOR 2023 REPORTING YEAR TOTAL	8	1	7	3	0	0	0	0	1	2	0	0	0	0	22
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SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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

2024 EMPLOYER IN	FORM	AHO	NKEI	OKI (EEO-	COM	PONE.	N1 1)					ation Dat		
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AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C – H			DC OD	ESTAD	T ICUN	AENT I				TION G	fannliae				
HO/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	NS OK	ESTAD	HEADO	UARTE	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME	ibie)			
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			EMPI	LOYER	IDENT 953072	TIFICA'									
	,	SECTIO	ON E -	EMPLO	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 LO	NGER I	N BUS	INESS		
SE	CTION			L CONT				TION (i	if applic	able)					
			_	tity ID (
☐ YES (Single-Establishn	nent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
YES (1	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	dguarter	s Establ	ishment	is Feder	al Contr	actor)		
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	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicity	у						
		anic					Not	Hispan	ic or L	.atino					
	or La	atino		1	М	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
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	1	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	14	1	0	0	0	0	0	0	0	0	0	0	0	0	15
Administrative Support Workers	4	1	0	0	0	0	0	0	0	0	1	0	0	0	6
Craft Workers	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	24	0	1	1	1	0	0	0	0	0	0	0	0	0	27
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	48	4	1	1	1	0	0	0	0	0	1	0	0	0	56
CORRENT 2024 REPORTING TEAR TOTAL	40	4	<u> </u>			U	U	U	U	U		U	U	U	00
PRIOR 2023 REPORTING YEAR TOTAL	42	4	1	0	0	0	1	2	0	0	0	0	0	1	51

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FUKM	AHO	N KEI	OKI (EEO-	I COM	PONE	N I I)					ation Dat		
			SECT	TION A	- TYP	E OF RI	EPORT				ı				
						LEVEL									
		SECT	TON E	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		OFFIOR					
AC16425					N	asnville	IN-C	URPU	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (it	f applica	able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE				Γ-LEVEL	NAME				
GA30027							Bloor	nington	CA						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				Cl	TY/TOW	VN			STATE		ZIP CC	DE
221 East Santa	Ana Av	/e					BLO	OMING	TON			CA		9231	16
	SECTI	ON D -	EMPI	LOYER	IDEN'	TIFICA'	TION N	UMBE	R (EIN)	<u> </u>				
				9	953072	2886									
						FILING									
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		
SE	CTION					OR DE		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 (Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (I	- Headqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	ral Contr	actor)		
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				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	ın or /e	Two or More Races	Row
JOB CATEGORIES		<u>o</u>		ck or Afric American		ajja Isl	nerican Indian Alaska Native	8	•	or	_	ajia Isi	American Indian Alaska Native	ěž	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	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	3	2	0	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	6 1
Operatives	9	0	1	1	1	0	0	0	0	0	0	0	0	0	12
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	15	6	1	1	1	0	0	0	1	0	0	0	0	1	26
PRIOR 2023 REPORTING YEAR TOTAL	13	5	3	1	1	0	0	0	1	0	0	0	0	1	25

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
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		SECT	ION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
5846 Crossings I	Roulevs	ard						SHVIL				TN		370	
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SECTION C - HI	<u>EADQU</u>	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
GA30045							Ocea	anside	CA						
HEADQUARTERS OR ESTABLISHME	enter Rd OCEANSIDE CA 92054 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 953072886 SECTION E - EMPLOYER FILING ELIGIBILITY ole to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
2315 Carpen	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 953072886														54
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN)					
		SECTIO	ON E -				ELIGI	RILITY	V						
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☐ YES (H	Ieadquai	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
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JOB CATEGORIES		as a		ri E		iia Sla	dia	Re		r j		iia	dia tiv	Re	Row
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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	3	0	1	0	0	0	0	0	1	0	0	0	0	0	5
Administrative Support Workers	1	0	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	12 0	0	0	0	0	0	0	0	0	0	0	0	0	0	13 0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	17	1	1	0	0	0	0	0	2	0	0	0	0	0	21
DDIOD 2022 DEDODTING VEAD TOTAL	18	4	1	0	0	۱ ۵	0	- 1	0	1 0	0	l 0	١ ،	0	24

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
				TION A											
		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	/N			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					N.A	SHVIL	LE			TN		370	13
SECTION C - HI			DC OD	ECTAD	T TOTTA	AENT I				TION G	f ammli a				
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8188 Katella	Drive						S	TANTC	N N			CA		9068	30
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (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														
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)														
SEC	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)														
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)															
Unique Entity ID (UEI): Not Applicable YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)															
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JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian 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	Ę.	ck or Afric American	⊆	vaii	nd Aat	le l	Ę.	Black or	⊊	vaii	Indi Nat	ē	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	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 Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
PRIOR 2023 REPORTING YEAR TOTAL	19	5	0	0	0	0	0	0	1	0	1	0	0	1	27
		SECTIO	NI –	WORK	FORC	ESNAP	SHOT I	PERIO	<u> </u>	<u> </u>		<u> </u>	i		l

12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	ATIO	N REI	PORT (EEO-1	COM	PONE	NT 1)					ontrol Nur ation Dat		
						E OF RI									
						_EVEL I									
OFS COMPANY ID		SECT	ION B	– EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS						401111110		TY/TOW				STATE		ZIP CO	DE
5846 Crossings E	Rouleva	ord						SHVIL				TN		3701	
SECTION C – HE			DS OD	FCTAR	I ICHN	/ENT_I				TION (if	Capplica			0/0	
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKILI	NO OK	ESTAD	HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME	ibie)			
GA30110						-	Thousa	nd Palr	ns CA						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
27600 N Sierra	Del So	d					THOUS	SAND F	PALMS	3		CA		9227	7 6
	SECTI	ON D -	EMPI			TIFICA'	TION N	UMBE	R (EIN)					
		SECTIO	ON E -				ELIGI	BILITY	Y						
X YES (Employer Is Eligible	953072886 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 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														
☐ YES (Single-Establishm	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)														
	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)														
L IES (H	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
									ments i	s Federa	l Contra	actor)			
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JOB CATEGORIES		o.		rica		iiar Isla	diar	Ra		Pric la		iiar Isla	diar	Ra	Row
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	ore	White	Black or African American	Asian	Native Hawaiian Other Pacific Islan	American Indian Alaska Native	ore	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	0	0	0	0	0	1	0	0	0	0	0	0	0	3
Administrative Support Workers Craft Workers	0 4	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	4	0	1	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 2024 REPORTING YEAR TOTAL	10	2	2	0	0	0	1	0	0	0	0	0	0	0	15
PRIOR 2023 REPORTING YEAR TOTAL	10	3	3	0	0	0	0	0	0	0	0	0	0	0	16
OKTING TEXT TOTAL						1				1		1	1		i .

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ation Dat		
				TION A		-	-				I.				
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	lashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							C	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings I	Soulevs	ard						SHVIL				TN		370	
														370	13
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR							ΓΙΟΝ (i: Γ-LEVEL		able)			
					HEADQ					I-LEVEL	NAME				
GA30146							Toledo	OH - Sa	alvage						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				Cl	TY/TOW	VN			STATE		ZIP CC	DDE
5245 Lewis A	venue						Т	OLED)			OH		436	12
	SECTI	ON D -	EMPl	LOYER	IDENT 952920		TION N	UMBE	R (EIN)	I		ı		
	;	SECTIO	ON E -	EMPL			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		
SEC	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
		Uni	ique En	tity ID (UEI):	Not App	licable								
☐ YES (Single-Establishm	ent Emp	lover is	Federa	l Contra	ctor)	YES (Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
_	-	•													
YES (F	leadqua	rters is I	ederal	Contrac	tor) 🔲	YES (N	on-Head	lquarter	s Establ	ishment	is Fedei	al Contr	actor)		
				ne or Mo					ments i	s Federa	l Contra	actor)			
	4231			ON G - I ehicle P					salers						
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				_		Native Hawaiian or Other Pacific Islander	þ	Two or More Races		E		Native Hawaiian or Other Pacific Islander	ō	More Races	
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JOB CATEGORIES	a a	Female	ம்	ck or Afric American	⊆	/aii	nd lat	ē	يو	Black or	⊆	/aii	ndj Iat	e F	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	5	0	0	0	0	1	0	0	0	0	0	0	6
Operatives	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
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 2024 REPORTING YEAR TOTAL	0	0	17	1	0	0	0	1	0	1	0	0	0	0	20
DRIOD 2022 DEDORTING VEAR TOTAL	0	0	20	0	n	0	0	n	1	0	0	0	0	0	21

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 COM	PONE	NT 1)					ation Dat		
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		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	IAME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS					I		CI	TY/TOV	VN			STATE		ZIP CC	DF
5846 Crossings	Roulova	ord						SHVIL				TN		370	
														370	13
SECTION C – HI HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	LEVEL :	IDENT	IFICA'	ΓΙΟΝ (it Γ-LEVEL	f applica	able)			
`					неарс						NAME				
GA30164						Vin	eland N			NJ					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADE	RESS				CI	TY/TOV	VN			STATE		ZIP CC	DE
4 Main Ro	ad						VI	NELAN	۱D			NJ		0836	60
	SECTI	ON D -	EMPI		IDENT 952920	FIFICA'	TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILIT	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emple	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SEC	CTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA	TION (if applic	able)					
-						Not App		(11	,					
YES (Single-Establishm	ent Emn	lover is	Federa	l Contrac	ctor)	VES (Multi-Es	tablishn	nent Em	plover is	Federa	l Contra	ctor)		
- · · •	-	•													
YES (I	Headqua	rters is I	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)			
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	SE	CTION	V H – V	VORKF	ORCE	DEMO									
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	or La	atino		1	М	lale	1			1	Fen	nale	1		
				⊑		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		an		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
JOB CATEGORIES				Black or African American		ian	American Indian or Alaska Native	Ra		Black or African American		ian Slaı	American Indian or Alaska Native	Ra	Row
JOB GATEGORIES	<u>o</u>	Female	te	ck or Afric American	E .	kai c Is	Ind	ē	ţ.	Black or	J.	kai c Is	Ind	ē	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	3	0	0	0	0	0	0	0	0	0	0	0	5 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	8	0	2	0	0	0	0	0	0	0	0	0	0	0	10
Operatives	3	0	3	0	0	0	0	0	0	0	0	0	0	0	12 5
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	21	0	10	1	0	0	0	1	0	0	0	0	0	0	33
CORRENT 2024 REPORTING TEAR TOTAL	21	U	10	_	U	U	U		U	U	U	U	U	U	33
PRIOR 2023 REPORTING YEAR TOTAL	23	0	10	0	0	0	0	1	1	0	0	0	0	0	35
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FURM	AHO	NKEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat		
				TION A -				T.			l l				
				B – EMP											
OFS COMPANY ID		BECI	ION	- Livii	LOIL	KIDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
												CT A TEC	-1	71D CC	D.F.
ADDRESS	_							TY/TOW				STATE		ZIP CC	
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C - H	EADQU	ARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME				
GA30366							Lin	coln N	E						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VΝ			STATE		ZIP CC	DDE
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X YES (Employer Is Eligible											NGER I	IN BUS	INESS		
SE	CTION			L CONT				ΓΙΟΝ (i	if applic	able)					
			_	tity ID (
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contrac	ctor) 🗌	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (I	Headqua	rters is I	Federal	Contract	tor)	YES (N	on-Head	lauarter	s Establ	ishment	is Feder	al Contr	actor)		
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				ne or Mo					ments 1	s Federa	I Contra	actor)			
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				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		Φ	4	fric	_	aiia Isl	dia	ΩŽ		or eri	_	is is	dia atj	<u> </u>	Total
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				<u> </u>		Nat	Am,	Š		Αŧ		Nat the	Am /	Ž	
						- 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	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals Table in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	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	1	6
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
Operatives	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Laborers and Helpers Service Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5 0
			0	0	0			0				0	0		
CURRENT 2024 REPORTING YEAR TOTAL	1	0	18	0	0	0	0	0	1	0	0	0	0	1	21
PRIOR 2023 REPORTING YEAR TOTAL	1	0	18	0	0	0	0	0	2	0	0	0	0	1	22

SECTION I – WORKFORCE SNAPSHOT PERIOD

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

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ration Dat		
			SECT	TION A	- TYP	E OF R	EPORT	ı							
			ESTA	BLISH	MENT-	LEVEL	REPOF	RT							
		SECT	TION F	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	IN - C	ORPO	RAIE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE			TN		3701	13
SECTION C - H	EADQU	JARTE	RS OR	ESTAE								able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
GA30404						Gı	and Pra	airie TX	(- Dala	IS					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	VEL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
1102 West Carrier P	kwy, Su	uite 300					GRA	ND PR	AIRIE			TX		7505	50
	SECTI	ION D -	- EMPl	LOYER	IDEN	ΓΙΓΙCA	TION N	UMBE	R (EIN)					
		CECTI	ONE		952920	557 FILING	TELEC	DIL ITS	57						
X VFS (Employer Is Fligibl										NO LOI	NGER I	IN RIISI	INESS		
	Unique Entity ID (UEI): Not Applicable shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
SI2	shment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
☐ VES (Single-Establishr															
	chment Employer is Federal Contractor)														
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	S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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JOB CATEGORIES		_		Black or African American		iian slaı	American Indian or Alaska Native	Ra		Black or African American		iian	American Indian Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
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 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	36	4	5	11	0	0	0	2	0	0	0	0	0	0	58
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL		4	6	11	0	0	0	2	0	0	0	0	0	0	61
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PRIOR 2023 REPORTING YEAR TOTAL	25	3	5	13	0	0	0	3	0	0	0	0	0	0	49
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

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

	(Expiration	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		Nashville TN - CORPORATE OFFICE										
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
5846 Crossings Boulevard NASHVILLE TN 37013												
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE									
GA30458		Chicago IL Wheel Plant										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
5328 W	123rd Pl	ALSIP	IL	60803								
		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

	~	C1101				DEMO	Race/E								
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		atino			м	ale	NOU	Порап	IC OI L	atino	Fon	nale			
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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	1	0	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	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 2024 REPORTING YEAR TOTAL	1	0	1	1	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2023 REPORTING YEAR TOTAL	11	0	2	6	0	0	0	0	0	1	0	0	0	0	20

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
				TON A				RT							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings E	Souleva	ırd						SHVIL				TN		370	
														370	13
SECTION C – HE HQ/ESTABLISHMENT-LEVEL UNIT ID	<u>EADQU</u>	ARTE	RS OR							ΓΙΟΝ (i1 Γ-LEVEL		able)			
-					пеарс	•					NAME				
GA30523						58	an Anto								
HEADQUARTERS OR ESTABLISHME		EL ADE	RESS					TY/TOW				STATE		ZIP CC	DDE
4530 Tejasco	Drive						SAN	I ANTO	OIN			TX		782′	18
	SECTION	ON D -	EMPI		IDENT		TION N	UMBE	R (EIN)	· ·				
		SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	Пло	(Emple	over Is N	lot Elig	ible to F	ile)	EMPLO	OYER	NO LON	NGER I	IN BUS	INESS		
	CTION														
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☐ YES (Single-Establishm	ent Emp	loyer is	Federa	I Contrac	ctor)	YES (I	viuiti-Es	tabiisnn	ient Em	pioyer is	Federa	I Contra	ctor)		
TYES (H	Ieadquar	rters is I	Federal	Contrac	tor) 🔲	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	ractor)		
		Пу	ES (O	ne or Mo	ore Non	-Headau	arters F	stablish	ments i	s Federa	1 Contra	actor)			
				N G - N		•				. T CUCTU	Comme				
	4231			ehicle P					salers						
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				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	an (Two or More Races	Row
JOB CATEGORIES	-	<u>e</u>	d)	fric	_	lsi⊟	ıdia	e R		or	_	lä lä	nerican Indian Alaska Native	8	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	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 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 2024 REPORTING YEAR TOTAL	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
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AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
5846 Crossings I	3ouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADOU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	TION (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
GA30532						W	/aterloo	IA - Ke	eystone	Э					
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
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		ON D -	EMPI			TIFICA'				D)					
		SECTIO	ON E -		952920 OYER	557 FILING	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	N BUS	INESS		
SEC	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA	ΓΙΟΝ (i	if applic	able)					
-						Not App		(TI	,					
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
YES (F	Ioodana:	rtoro io I	Zadaral	Contrac	tor) [VEC (N	Ion Hoo	lanartar	c Ectobl	ichmont	ic Eodor	ol Contr	notor)		
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				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	ck or Afric American	u	ajis Isl	ndia ati	e R	Φ	or	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	e R	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals 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	2	0	0	0	0	0	0	0	0	0	0	0	3 2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	10	0	0	0	0	0	1	0	0	0	0	0	11
PRIOR 2023 REPORTING YEAR TOTAL	0	0	12	0	0	0	0	0	1	0	0	0	0	0	13

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

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		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - I	IEADQU	ARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL ·	NAME				
GA30577						Pho	enix AZ			ICS					
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					952920	557)					
X YES (Employer Is Eligib				EMPLO oyer Is N						NO LOI	NGER I	IN BUS	INESS		
SI	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)														
□ v mq (q; 1, F, 1); 1	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
	hment Employer is Federal Contractor)														
☐ YES	(Headquarters is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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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	Ra	Row
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
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	1	5	1	0	0	0	0	0	0	0	0	0	0	7
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 2024 REPORTING YEAR TOTAL	_ 5	1	8	1	0	0	0	0	1	0	0	0	0	0	16
PRIOR 2023 REPORTING YEAR TOTAL	_ 11	1	2	0	0	0	0	0	1	0	0	0	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REF	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
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OFS COMPANY ID		SECI	ION B	- EMP	LUYE.	R IDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C – HI	EADQU	ARTEI	RS OR									ıble)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME				
GA30606								over DE							
HEADQUARTERS OR ESTABLISHMI 1575 Mckee Road			ORESS					TY/TOW				STATE		ZIP CO	
	•											DE		1990	J4
	SECTI	ON D –	EMPI		IDENT 052920	FIFICA' <mark> 557</mark>	TION N	UMBE	R (EIN)					
<u>_</u>						FILING									
X YES (Employer Is Eligible				-							IGER I	N BUSI	NESS		
SEC	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)														
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	Headquarters is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (F															
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	4231					INFOR			salers						
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JOB CATEGORIES				Black or African American		an	ive	Sac		Black or African American		an	ive	Sac	Row
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	2	0	6	4	0	0	0	0	0	1	0	0	0	0	13
PRIOR 2023 REPORTING YEAR TOTAL	2	0	6	5	0	0	0	0	0	1	0	0	0	0	14

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	[ATIO]	N REI			ation Dat									
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AC16425					N	ashville				OFFICE	=				
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ADDRESS								TY/TOW				STATE		ZIP CC	
5846 Crossings E	Bouleva	ard					NA	SHVIL	LE.			TN		370′	13
SECTION C - HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE					NAME				
GA30716						Sun \	/alley C	A - Pai	rts Cha	nnel					
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
11651 Sheld	on St						SU	N VALL	LEY			CA		9135	52
X YES (Employer Is Eligible	to File)	SECTIONO F – FEI	ON E - (Empl	EMPLOYER IS NO CONT	OYER Not Elig	557 FILING ible to F	ELIGI	BILITY EMPLO	Y OYER I	NO LO	NGER	IN BUS	INESS		
	_		_	tity ID (
☐ YES (Single-Establishm	hment Employer is Federal Contractor)														
TYES (H	6 (Headquarters is Federal Contractor) TYES (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)														
				ON G - I					mients i	s reuela	ıı Conti	actor)			
	423			on G - I ehicle F					salers						
				VORKE											
			•				Race/E								
	Hisp	anic							nic or L	atino					1
		atino			M	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
Executive/Senior Level Officials and 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	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	8	0	2	2	0	0	0	0	0	0	0	0	0	0	12
Laborers and Helpers Service Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	6
CURRENT 2024 REPORTING YEAR TOTAL	14	0	4	2	0	0	0	0	2	0	0	1	0	0	23
		U	4		U	U	U	U		U	U	1 1	U	U	23

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

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

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

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

		YPE OF REPORT NT-LEVEL REPORT											
	SECTION B - EMPLO	YER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME	,										
AC16425 Nashville TN - CORPORATE OFFICE													
ADDRESS CITY/TOWN STATE ZIP CODE													
5846 Crossings Boulevard NASHVILLE TN 37013													
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	olicable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ИE										
GA30808		Spokane WA - KAO Warehouse											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
9212 W.	Hallet Rd	SPOKANE	WA	99004									
		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

-	51		111 /	VOKKI	ORCL		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	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	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	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	3	0	20	1	1	2	0	1	3	0	0	0	0	0	31
Laborers and Helpers	3	2	43	1	4	0	0	1	7	2	0	0	0	1	64
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	7	3	70	2	5	2	0	3	10	3	0	0	0	1	106
PRIOR 2023 REPORTING YEAR TOTAL	11	3	65	6	4	3	0	5	10	2	0	0	0	1	110

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

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

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

ZIP CODE

97224

STATE

OR

SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

15353 SW Sequoia Pkwy, Suite 100

SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** TN 37013 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME GA30880 Portland OR - KAO Ops -NTP

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

PORTLAND

SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- DI		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	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	0	0	2	1	0	0	0	0	5	0	0	0	0	1	9
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	0	0	0	0	0	0	3
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	3	0	0	0	0	0	0	5	0	0	1	0	0	9
CURRENT 2024 REPORTING YEAR TOTAL	0	4	6	1	0	0	0	0	12	1	0	2	1	1	28
PRIOR 2023 REPORTING YEAR TOTAL	0	3	9	1	0	0	0	0	11	1	0	2	2	1	30

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
				TION A BLISHN											
		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					NA	ASHVIL	LE			TN		370′	13
SECTION C - HI	EADOU	ARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (if	applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD(QUARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME	•			
GA30918						Rancho	Cordo	va CA	-Sacra	mento					
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADI	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DDE
1020 Del Paso Roa	d, Suite	e 200					SAC	RAME	NTO			CA		9583	34
	SECTI	ON D -	EMP	LOYER	IDEN'		TION N	UMBE	R (EIN)					
	;	SECTION	ON E -	- EMPL			ELIGI	BILIT	Y						
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER		NGER I	IN BUS	INESS		
SEC	CTION			L CONT ntity ID (TION (if applic	able)					
☐ YES (Single-Establishm	ent Emr		-	-				tablishn	nent Em	plover is	Federa	1 Contra	ctor)		
	_	-													
☐ YES (F	ieadqua							-		s Federa			actor)		
		S	ECTIO	ON G - 1	NAICS	INFOR	MATIC)N		s i cucia	Contr	actor)			
	423	140 - M	otor V	ehicle F	Parts (L	Jsed) M	erchant	Whole	salers						
	SE	CTION	N H – N	VORKF	ORCE										1
	∐ien	anic	1				Race/E	Hispar		atino					
		atino			N	lale	NOL	пізраі	IIC OI L	auno	Fer	nale			
												1			
IOD 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	an or ive	Two or More Races	Row
JOB CATEGORIES	ø	<u>e</u>	ē	Afri Gar	_	/aii	ndi Vati	e F	ē	or	⊆	/aii	ndi Iati	ē	Total
	Male	Female	White	ck or Afric American	Asian	1av cific	nerican Indian Alaska Native	Μο	White	Black or an Amer	Asian	lav cific	American Indian Alaska Native	Θ	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	1	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 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	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 2024 REPORTING YEAR TOTAL	1	0	7	1	6	0	0	2	0	0	0	0	0	0	17
PRIOR 2023 REPORTING YEAR TOTAL	2	0	6	1	6	0	0	2	0	0	0	0	0	0	17
		SECTIO	ON I –	WORK				PERIO	D	•		•			•
SECTION I	HEAT	DOLLA	OTEDS			1221202		VEL CC	MME	NTC (cm	tional)				

 $\textbf{SECTION J-HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS} \ (optional)$

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

2024 EMPLOYER IN	FORM	AHO	NKEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat		
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		CT CT		BLISHN											
OFS COMPANY ID		SECI	TON E	– EMP	LOYE	K IDEN		OYER N	AMF						
AC16425					N	ashville				OFFICE	:				
								TY/TOW				COTE A TENE		7ID CO	DE
ADDRESS	D -											STATE		ZIP CO	
5846 Crossings								SHVIL				TN		3701	3
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if Γ-LEVEL	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADÇ						NAME				
GA30936						Allento				ienem					
HEADQUARTERS OR ESTABLISHM		EL ADE	RESS					TY/TOW				STATE		ZIP CO	
2301 Union	Blvd						ALL	ENTO	WN			PA		1810)3
	SECTI	ON D -	EMPI	LOYER	IDEN'		TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPLO			ELIGI	BILITY	Y						
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 ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
SE	CCTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
YES (Single-Establishm	ment 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)														
	hent 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)														
		S	ECTIO)N G – N	NAICS	INFOR	MATIO	N							
	423°	140 - M	otor V	ehicle P VORKF	arts (L	DEMO	erchant	Whole	salers						
	J SE	CHON	(n – v	VUKKI	OKCE		Race/E								
	Hisn	anic						Hispan	•	atino					
		atino			M	ale	1101	порин		auno	Fen	nale			
												_			
				_		Native Hawaiian or Other Pacific Islander	ō	es		⊆		Native Hawaiian or Other Pacific Islande	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 Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	ø	Female	ţ.	ck or Afric American	ur.	vaii	Ind	<u>ē</u>	te	Black or an Amer	u.	Vaii	Ind	ē	Total
	Male	Ĕ	White	or ,	Asian	da Ciji	an l	<u>S</u>	White	ack	Asian	da Ciji	an l	Θ	
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				Bla		atiy	m A	8 8		Λŧri		ativ	a P	8	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	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	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 2024 REPORTING YEAR TOTAL	2	0	3	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	2	0	3	0	0	0	0	0	0	0	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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

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

SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
AC16425

ADDRESS

ADDRESS

ADDRESS

CITY/TOWN

STATE

TN

37013

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

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

GA31044 Exeter PA - KAO Operations

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
CITY/TOWN STATE ZIP CODE
44 Tunkhannock Ave EXETER PA 18643

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

	51	01101	111 ,	OKIKI	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	20	0	0	0	0	0	2	0	0	0	0	0	22
First/Mid-Level Officials and Managers	0	0	29	0	0	0	0	0	16	0	0	0	0	0	45
Professionals	0	0	40	1	0	0	0	0	38	1	0	0	0	1	81
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	1	18	0	0	0	0	0	9	0	0	0	0	0	29
Administrative Support Workers	0	0	9	0	0	0	0	0	27	1	0	0	0	0	37
Craft Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	3	0	38	1	0	1	0	1	1	0	0	0	0	0	45
Laborers and Helpers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Service Workers	0	2	6	0	0	0	0	0	18	1	0	0	0	0	27
CURRENT 2024 REPORTING YEAR TOTAL	4	3	171	2	0	1	0	1	111	3	0	0	0	1	297
PRIOR 2023 REPORTING YEAR TOTAL	2	5	178	2	0	0	0	1	116	3	0	0	0	1	308

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
				TION A		-	-								
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	SHVIL	LE			TN		370 ⁻	13
SECTION C - H			DS OD	FSTAR	I ICHN	AENT.I				TION G	fannlie	abla)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	ZADQU	AKIL	NO OK	LSIAD	HEADO	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME	able)			
GA31181						-	_ake Ci								
HEADQUARTERS OR ESTABLISHMI	ONT LEX	ZEL ADE	DECC			-		TY/TOV				STATE		ZIP CC	NDE
Freeport Center			KESS					EARFIE				UT		840	
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					952920	557)					
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X YES (Employer Is Eligible				-							NGEK.	IN BUS	INESS		
SEC	JIION			L CONT				HON (п аррис	abie)					
VEC (Single Establishm	· ·														
_ · · •	☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor) ☐ YES (Mon-Headquarters Establishment is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES (F	SS (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														
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	or L	atino			M	lale					Fer	nale			
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IOD CATECODIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian Alaska Native	\ac		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian Alaska Native	Зас	Row
JOB CATEGORIES	o o	Female	ம	ck or Afric American	⊆	r ls	ndi at	e e	ē	Black or	2	raii c Is	ndi Vat	e F	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	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 Operatives	0	1	6	0	0	0	0	1	3	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 2024 REPORTING YEAR TOTAL	0	1	8	0	0	0	0	1	3	0	0	0	0	0	13
PRIOR 2023 REPORTING YEAR TOTAL	0	0	8	1	0	0	0	1	3	0	0	0	0	0	13
	<u> </u>	SECTIO)N I –	WORK	FORC	E SNAP	SHOT	I PERIOI	D	1		<u> </u>	1		1

12082024 - 12212024

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

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

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

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

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		CECT													
OFS COMPANY ID		SECI	ION B	- EMP	LOYE	K IDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DDE
5846 Crossing								SHVIL				TN		3701	13
SECTION C -	HEADQU	ARTE	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME				
GA49836						Alsip	IL - KA			ago		~~.	1		
HEADQUARTERS OR ESTABLISH 11800 S Austin			DRESS					TY/TOW ALSIP	/N			STATE		ZIP CO	
11000 3 Austill														0000	<i>,</i>
	SECTI	ON D -	EMPI	LOYER	IDENT 52920		TION N	UMBE	R (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														
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) <u>Unique Entity ID (UEI)</u> : Not 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)															
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	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino		1 1	М	ale				1	Fer	nale	1 1		
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				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>e</u>	g)	ck or Afric American	_	/aiia	ndia Iati	ė R	g.	or	u	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	ė R	Total
	Male	Female	White	or #	Asian	la cific	an II ca N	Mor	White	Black or	Asian	1av cific	an I	Mor	
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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 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 Operatives	3	0	0	0 5	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
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTA	L 3	0	1	6	0	0	0	0	2	0	0	0	0	0	12
PRIOR 2023 REPORTING YEAR TOTA		0	0	6	0	0	0	0	0	0	0	0	0	0	10
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 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
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		SECT	TION B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADOU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
GA49937						Fre	sno CA	- KAO	Logisti	cs					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
2933 South Elm Av								RESNO				CA		9370	
	•		- EMPI			TIFICA')					
		SECTIO	ON E -		952920 OYER		ELIGI	BILITY	Y						
X YES (Employer Is Eligible	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														
SE	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
-	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	nent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
	Jandana														
L IES (I	reauqua	· ·													
									ments i	s Federa	l Contra	actor)			
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	or La	atino			M	ale				1	Fen	nale			
				LE C		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	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals Tachnicians	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
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 Laborers and Helpers	0	0	0	0	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 2024 REPORTING YEAR TOTAL	6	1	1	0	1	0	0	1	0	0	0	0	0	0	10
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PRIOR 2023 REPORTING YEAR TOTAL	6	1	1	0	1	0	0	1	0	0	0	0	0	0	10

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													Expiration Date: 11/30/2026				
			SECT	TION A	- TYP	E OF RI	EPORT				I						
			ESTA	BLISH	∕IENT-I	LEVEL	REPOR	RΤ									
		SECT	TON E	- EMP	LOYE	R IDEN											
OFS COMPANY ID	EMPLOYER NAME Nashville TN - CORPORATE OFFICE																
AC16425					N	asnville	IN-C	ORPO	RATE	OFFICE							
ADDRESS								TY/TOW				STATE ZIP CODE					
5846 Crossings Boulevard							NASHVILLE							TN 370 ²			
SECTION C - H	EADQU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (it	f applica	able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME						
GA50065						San A	Antonio	TX - K	AO Log	gistic							
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS			CITY/TOWN								ZIP CC	DE		
4530 Teja	SCO						SAN	I ANTO	NIO			TX		78218			
	SECTI	ON D -	EMPI	LOYER	IDEN'	TIFICA'	TION N	UMBE	R (EIN)	<u> </u>		1				
				9	952920	557											
						FILING											
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	IN BUSI	INESS				
SEC	CTION					OR DE		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 (Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)				
YES (I	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)				
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	or Latino				IV	Iviale					rei	nale					
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				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	ın or /e	Two or More Races	Row		
JOB CATEGORIES		<u>o</u>	as a	ck or Afric American	_	ajia Isl	nerican Indian Alaska Native	e e	an an	or	_	ajia Isl	American Indian Alaska Native	e) O	Total		
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				ш		Native Hawaiian or Other Pacific Islander	Ā	≥		<		Native Hawaiian or Other Pacific Islander	Ā	₽			
						_											
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	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	15	0	1	3	0	0	0	2	0	0	0	0	0	0	21		
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CURRENT 2024 REPORTING YEAR TOTAL	17	0	1	3	0	0	0	2	0	0	0	0	0	0	23		
CONNENT 2024 REPORTING TEAR TOTAL	17	U	<u>'</u>	3	U	U	V		V	U	U	U	U	U	23		
PRIOR 2023 REPORTING YEAR TOTAL	10	0	0	2	0	0	0	1	0	0	0	0	0	0	13		

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													Expiration Date: 11/30/2026				
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT																	
		OT O															
OFS COMPANY ID	SECTION B – EMPLOYER IDENTIFICATION EMPLOYER NAME																
AC16425	Nashville TN - CORPORATE OFFICE																
						donvino				011101							
ADDRESS							CITY/TOWN							STATE ZIP COI			
5846 Crossings Boulevard							NASHVILLE							37013			
SECTION C - H	EADQU	JARTE	RS OR									able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME						
GN78680	Elkhart IN - Coast R&D																
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				C	TY/TOV	VN			STATE		ZIP CODE			
524 Pine Cree	ek Court	t					E	LKHAR	RT			IN			46516		
	TION N	UMBE	R (EIN)													
	-	SECTION	ON E -	- EMPL	952920 OYER		G ELIG	BILIT	Y								
X YES (Employer Is Eligibl											NGER	IN BUS	INESS				
SE	CTION	F – FEI Uni	DERAI	L CONT	TRACT UEI):	OR DE	SIGNA blicable	TION (if applic	able)							
☐ YES (Single-Establishr	nent Emp							tablishn	nent Em	ployer is	Federa	l Contra	ctor)				
☐ YES (Headqua				. —			•					ractor)				
				ne or Mo					ments i	s Federa	l Contr	actor)					
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423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H – WORKFORCE DEMOGRAPHIC DATA																	
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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		
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
First/Mid-Level Officials and Managers Professionals	0	0	1 2	0	0	0	0	0	2	0	0	0	0	0	3 4		
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	2	0	0	0	0	0	1	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	0	0	0	0	0	0	0	0	0	0	0	0	0		
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CURRENT 2024 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	7	0	0	0	0	0	13		
COMMENT 2024 NEFORTING TEAR TOTAL	U	J J	U	U	U	U	U	U	,	V	U	U	U	U	13		
PRIOR 2023 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	4	0	0	0	0	0	9		
		SECTIO)N I –	WORK	FORCI	E SNAP	SHOT	PERIO	D								

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
			SECT	TION A	- TYP	E OF RI	EPORT	ı			I				
			ESTA	BLISH	MENT-I	LEVEL	REPOR	RT							
		SECT	TION F	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		DLC.	10111	, Livii	LOIL	K IDE:		OYERN	IAME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					N/	ASHVIL	LE			TN		370°	13
SECTION C - HI	EADOL	ARTE	RS OR	ESTAB	RLISHN	AENT-I	EVEL	IDENT	TFICA'	TION (i	f applica	able)			
HO/ESTABLISHMENT-LEVEL UNIT ID	3.12 Q C		011	201112						T-LEVEL					
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HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
400 Workma	n Rd						CHA	TTANC	OGA			TN		374	10
	SECTI	ON D -	- EMPl	LOYER	IDEN'	TIFICA'	TION N	UMBE	R (EIN	D	<u> </u>				
				9	952920	557			,						
	;	SECTION	ON E -	-EMPL	OYER	FILING	G ELIG	BILIT	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ïle)	EMPL	OYER	NO LO	NGER 1	IN BUS	INESS		
SEC	CTION	F – FE	DERA	L CONT	TRACT	OR DE	SIGNA	TION (if applic	cable)					
		Un	ique Er	tity ID (<u>UEI)</u> :	Not App	olicable	`	**						
☐ 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 (H	۔ ویریلوما	rtere ie l	Federal	Contrac	tor) \square	VFS (N	Jon-Hea	danarter	e Ectabl	lichment	is Feder	al Contr	ractor)		
L IES (I	icauqua				. —			•					actor)		
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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	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u>9</u>	σ	ck or Afric American	_	aii s	ati	e E	ø	o je	_	aii s	nerican Indian Alaska Native	e 2	Total
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						-0	_	-				-0		_	
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	0	0	0	0	0	0	1
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians Sales Workers	0	0	0 4	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	1	0	1	0	0	0	0	0	0	0	0	0	0	0	5 2
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	0	0	11	2	0	0	0	0	1	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

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 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 - T	YPE OF REPORT		
	ESTABLISHMEI	NT-LEVEL REPORT		
	SECTION B - EMPLO	YER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		,
AC16425				
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
5846 Crossin	gs Boulevard	NASHVILLE	TN	37013
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
GN78700		Cincinnati OH - PYP		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
2040 East K	emper Road	CINCINNATI	OH	45241

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

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

	-	C1101				DEMO	Race/E								
	Hisp	anic						Hispan		atino					
		atino			М	ale		ора			Fen	nale			
	<u> </u>					<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
Executive/Senior Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	0	1	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	1	0	0	0	0	0	4
Administrative Support Workers	1	1	0	0	0	0	0	0	1	0	0	0	0	0	3
Craft Workers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	6	0	1	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 2024 REPORTING YEAR TOTAL	13	2	1	1	0	0	0	0	2	0	0	0	0	0	19
PRIOR 2023 REPORTING YEAR TOTAL	11	1	1	1	0	0	0	0	1	0	0	0	0	0	15

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

OMB Control Number: 3046-0049

2024 EMPLOYER	INFORMATION REPORT (EE	O-I COMPONENT I)		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 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE													
ADDRESS CITY/TOWN STATE													
5846 Crossin	gs Boulevard	NASHVILLE	TN	37013									
SECTION C -		SHMENT-LEVEL IDENTIFICATION (if appl											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE										
GN78736		Adelanto CA											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
11200 Ald	den Road	ADELANTO	CA	92301									
		ENTIFICATION NUMBER (EIN) 261867											
	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		, , ,	OIGH	ORCL	DEMIO	Race/E								
			1												
		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	8	0	2	1	1	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Craft Workers	15	0	0	4	0	0	0	3	0	0	0	0	0	0	22
Operatives	30	0	5	2	0	0	0	3	1	0	0	0	0	0	41
Laborers and Helpers	3	0	0	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 2024 REPORTING YEAR TOTAL	56	0	7	8	1	0	0	7	1	0	0	0	0	0	80
PRIOR 2023 REPORTING YEAR TOTAL	56	1	9	10	1	0	0	9	1	0	0	0	0	0	87

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)							
								T.							
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
	Souleva	ard													
														370	10
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	ARTE	RS OR									ıble)			
-					пеарс	•					NAME				
GN78781						P			•	τ					
HEADQUARTERS OR ESTABLISHME		EL ADD	RESS									STATE		ZIP CC	DDE
344 Sperry	Rd.					S	OUTH	PORTS	SMOUT	Ή		KY		4117	74
	SECTION	ON D -	EMPI				TION N	UMBE	R (EIN)			l		
	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)														
X YES (Employer Is Eligible	to File)	Пло	(Emple	over Is N	lot Elig	ible to F	ile) 🔲	EMPLO	OYER	NO LON	NGER I	N BUSI	INESS		
											TOLK	112001	LILEDS		
SEC	JIION							TION (1	if applic	able)					
—	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 (Single-Establishm	Unique Entity ID (UEI): Not Applicable ngle-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
TYES (H	Ieadquai	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
	_	Пν	FS (O	a or Mo	ora Mon	Handay	orters F	ctablich	mante i	c Fadara	1 Contro	actor)			
						•			ilicits i	s i cucia	Conur	ictor)			
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	Hisp	anic								atino					
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JOB CATEGORIES		<u>o</u>	a.	fric	_	ajig Isl	idia ati	22		or ieri	_	aiis Is	dia	8	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	n	0	0	0	0	0	n	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	SECTION D - EMPLOYER IDENTIFICATION (if applicable) MEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) MEADQUARTERS OR ESTABLISHMENT-LEVEL NAME														0
Sales Workers	Expiration Date: 11/30/202 SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME Nashville TN - CORPORATE OFFICE SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME Nashville TN - CORPORATE OFFICE SECTION B - EMPLOYER IDENTIFICATION SECTION B - EMPLOYER IDENTIFICATION SECTION G - ESTABLISHMENT-LEVEL DENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME PORTSMOUTH OH - Depot MENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP CODE TYPOWN STATE ZIP COD													0	
Administrative Support Workers Craft Workers															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 2024 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO:	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ration Dat		
				TION A											
		SECT		B – EMP											
OFS COMPANY ID								OYER N	AME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings B	Bouleva	ard					N.A	SHVIL	LE			TN		370°	13
SECTION C – HI			RS OR	ESTAB	LISHN	AENT-I	EVEL	IDENT	TEICA'	TION (it	f applic	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	and Qu	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ub OII							Γ-LEVEL		шоге)			
GN78790						0	ttumwa	IA - Ke	eystone	•					
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADI	DRESS					TY/TOV	-			STATE		ZIP CC	DDE
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		SECTIO	ON F _		952920 OVED		FLICI	BII IT	v						
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) VES (Multi-Establishment Employer is Federal Contractor)															
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)															
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	Establish	ments i	s Federa	l Contr	actor)			
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JOB CATEGORIES				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	American Indian Alaska Native	Two or More Races	Row
JOB CATEGORIES	ø	Female	fe	ck or Afric American	⊆	vaii	nd Aat	le l	te	Black or an Amer	⊊	vaii	Indi	rel	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	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 Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
PRIOR 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	;	SECTIO	ON I –	WORK				PERIO	D	1		1		1	I.
				12082	:U24 - 1	1221202	<u> </u>								

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	COM	PONE	NT 1)							
								rT							
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID										055105	_				
AC16425					N	asnville				OFFICE					
ADDRESS															
5846 Crossings E	Bouleva	ırd					NA	SHVIL	LE			TN		3701	13
	EADQU	ARTE	RS OR									ble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				I-LEVEL	NAME				
GN78801													_		
HEADQUARTERS OR ESTABLISHME		EL ADD	RESS												
5497 South 5	th Ave						РО	CATEL	LO			ID		8320)4
				9	952920	557)					
<u>_</u>															
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	lot Eligi	ible to F	ile)	EMPL(OYER	NO LO	NGER I	N BUSI	INESS		
SEC	CTION							TION (i	if applic	able)					
_			-												
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	ent Em	ployer is	Federal	Contra	ctor)		
☐ YES (H	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)														
		П	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	ıl Contra	ctor)			
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		140 - M	otor V	ehicle P	Parts (U	sed) Mo	erchant	Whole							
	SE	CTION	I H – V	VORKE	ORCE										1
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JOB CATEGORIES	ø	ale ale	ē	∆fri car	⊑	/aii	ndi Iati	e F	ē	ner.	⊑	/aii c Is	ndi Iati	ē	Total
	Mal	emi	Ϋ́Рі	or / neri	Asia	Lav Cifi	an I ƙa M	Mol	Fi	ack Ar	Asia	dav cifi	an I ƙa M	Θ	
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						∠ ₽	1	_				∠ 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	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals Technicians	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT														0
Sales Workers	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME Nashville TN - CORPORATE OFFICE SIS BOULEVARD NASHVILLE TN 37013 HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL DENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME POCATELLO MENT-LEVEL ADDRESS CITY/TOWN STATE POCATELLO SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 95.2920557 SECTION D - 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 Ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) TYES (One or More Non-Headquarters Establishment is Federal Contractor) SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic														0
Administrative Support Workers													_		0
Craft Workers Operatives	0	0	2	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 2024 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	ATIO	N REF	PORT (EEO-1	COM	PONE	NT 1)							
											ı				
			ESTA	BLISHN	1ENT-L	EVEL I	REPOR	T.							
		SECT	ION B	- EMP	LOYE	R IDEN									
OFS COMPANY ID															
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings E	Bouleva	ırd					NA	SHVIL	LE			TN		3701	13
SECTION C - HE	EADQU	ARTEI	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA	ΓΙΟΝ (if	fapplica	ıble)			
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Professionals Technicians	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT SECTION B - EMPLOYER IDENTIFICATION EMPLOYER NAME Nashville TN - CORPORATE OFFICE SS CITY/TOWN STATE JPCODE NASHVILLE TN 37013 - HEADQUARTERS OR ESTABLISHMENT-LEVEL DENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Lynchburg VA EMMENT-LEVEL ADDRESS CITY/TOWN STATE Lynchburg VA EMMENT-LEVEL ADDRESS CITY/TOWN STATE SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) S52920557 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 Unique Entity ID (UEI): NOT Applicable SECTION G - NAICS INFORMATION 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 Male Race/Ethnicity Not Hispanic Or Latino Male Race/Ethnicity Not Hispanic Or Latino Male Race/Ethnicity Not Hispanic Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino														0
Technicians Sales Workers	SECTION B - EMPLOYER IDENTIFICATION SECTION B - EMPLOYER IDENTIFICATION SERVINGE NAME Nashville TN - CORPORATE OFFICE SS CITY/TOWN STATE ZIPCODE TN 37013 - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Lynchburg VA SHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIPCODE HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Lynchburg VA SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION F - EMPLOYER FILING ELIGIBILITY gible to File) MO (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) SE (Headquarters is Federal Contractor) Message and the stabilishment is Federal Contractor) SE (Headquarters is Federal Contractor) Message and the stabilishment is Federal Contractor) SECTION G - NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Not Hispanic Not Hispanic or Latino Or Latino Male Race/Ethnicity Not Hispanic Or Latino Race/Ethnicity Hispanic Not Hispanic or Latino Or Latino Male Race/Ethnicity Not Hispanic Or Latino Or Latino Male Race/Ethnicity Hispanic Not Hispanic or Latino Or Latino Male Race/Ethnicity Not Hispanic Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latino Or Latin														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	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 2024 REPORTING YEAR TOTAL	0	0	3	2	0	0	0	0	0	0	0	0	0	0	5
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PRIOR 2023 REPORTING YEAR TOTAL	0	0	3	2	0	0	0	0	0	1 1	0	1 0	U	0	6

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals Taghajaiana	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians 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 Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	1	2	0	0	0	0	0	1	0	0	0	0	0	4
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PRIOR 2023 REPORTING YEAR TOTAL	4	0	1	0	0	0	0	0	0	0	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	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	0
Craft Workers Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	3	0	0	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 2024 REPORTING YEAR TOTAL	4	2	0	1	0	0	0	1	0	0	0	0	0	0	8
PRIOR 2023 REPORTING YEAR TOTAL	5	2	0	0	0	0	0	1	0	0	0	0	0	0	8

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

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SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

Craft Workers

Service Workers

Laborers and Helpers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

Operatives

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

2024 EMPLOYER IN	FORM	AHO	NKEI	OKI (ation Dat								
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ADDRESS							CI	TY/TOW	/NI			STATE		ZIP CO	DE
5846 Crossings	Roulova	ard						SHVIL				TN		3701	
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						DIOWIIS				House					
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	7	0	0	0	0	1	1	0	0	0	0	0	9
Professionals	0	0	1	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	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	24	1	0	0	1	0	0	0	0	0	0	0	27
Laborers and Helpers	2	0	21	21	0	0	0	1	10	8	0	0	0	0	63
Service Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
CURRENT 2024 REPORTING YEAR TOTAL	3	0	54	22	0	0	1	2	13	9	0	0	0	0	104
PRIOR 2023 REPORTING YEAR TOTAL	4	0	54	28	0	0	1	4	12	9	0	0	0	0	112

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	COM	PONE	NT 1)					ontrol Nu ation Dat		
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						- 0		•				- 0		•	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	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	2	0	0 11	0	0	0	0	1	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 2024 REPORTING YEAR TOTAL	3	0	11	1	0	0	0	1	0	0	0	0	0	0	16
PRIOR 2023 REPORTING YEAR TOTAL	4	1	9	1	0	0	0	1	0	1	0	0	0	0	17

SECTION I - WORKFORCE SNAPSHOT PERIOD

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

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

2024 EMPLOYER IN	FORM	AHO	NKEI	OKI (EEO-	I COM	PONE	N1 1)					ration Dat		
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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				TION (if applic	able)					
		<u>Uni</u>	que En	tity ID (<u>UEI)</u> :	Not App	olicable								
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Professionals	0	0	0	0	0	0	0	0	0	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 Craft Workers	0	0	0 8	0	0	0	0	0	0	0	0	0	0	0	8
Operatives	1	0	8	0	0	0	0	0	0	0	0	0	0	0	9
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 2024 REPORTING YEAR TOTAL	1	0	24	0	0	0	0	0	2	0	0	0	0	0	27
PRIOR 2023 REPORTING YEAR TOTAL	1	0	27	0	0	0	0	0	2	0	0	0	0	0	30

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT														2026
				TION A -				т			l.				
			_	B – EMP			_								
OFS COMPANY ID		SECI	ION D	- ENIF	LOIL	KIDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
						donvino				011102					
ADDRESS								TY/TOW				STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME				
HF14825						Mt	Sterlin	g KY -	Cockre	ell					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
4631 Camar	go Rd						MOUN	T STE	RLING			KY		4035	53
	SECTI	ON D -	EMPI	LOYER	IDENT 052920		ΓΙΟΝ N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPLO			ELIGI	BILITY	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	N BUS	INESS		
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA	ΓΙΟΝ (i	if applic	able)					
	· ·														
☐ YES (Single-Establishm	blishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
- · · ·	ES (Headquarters is Federal Contractor)														
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	(Headquarters is Federal Contractor)														
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				_		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>	d)	ck or Afric American	_	lsi	nerican Indian Alaska Native	e E		or	_	l≋isi	nerican Indian Alaska Native	₽	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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 Craft Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Operatives	0	0	13	0	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 2024 REPORTING YEAR TOTAL	0	0	18	0	0	0	0	0	1	0	0	0	0	0	19
PRIOR 2023 REPORTING YEAR TOTAL	0	0	19	0	0	0	1	0	0	0	0	0	0	0	20

SECTION I – WORKFORCE SNAPSHOT PERIOD

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

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

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						R IDEN									
OFS COMPANY ID		BECI	10111		LOIL	K IDE:		OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTER					NAME				
HF14881						New	Braunf			win					
HEADQUARTERS OR ESTABLISHME		EL ADD	RESS					TY/TOW				STATE		ZIP CO	
5545 Goodwii								BRAUN				TX		7813	30
	SECTI	ON D -	EMPI		IDENT 052920	TIFICAT 557	TION N	UMBE	R (EIN)					
		SECTIO	ON E -			FILING	ELIGI	BILITY	ľ						
X YES (Employer Is Eligible											IGER I	IN BUS	INESS		
SEC	CTION					OR DES		ΓΙΟΝ (i	f applic	able)					
						Not App			_						
YES (Single-Establishm	-	•								•					
YES (F	☐ 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)															
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G − NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers														
						DEMO									
	SE.	CHON	(11 – V	VOKKI	OKCE		Race/E								
	Hisp	anic						Hispan	,	atino					
		atino			М	ale					Fen	nale			
				Ę		Native Hawaiian or Other Pacific Islander	e e	Two or More Races		an		Native Hawaiian or Other Pacific Islander	o c	Two or More Races	
JOB CATEGORIES		o o		Black or African American		iiiai Isla	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian Other Pacific Islan	American Indian Alaska Native	Ra	Row Total
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				В		Nat	Απ,	Ě		¥		Nat	Am'	Ě	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0 4	1	3	0	0	1	0	1	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	1	1	2	0	0	0	0	0	0	0	0	0	0	0	4
Administrative Support Workers Craft Workers	0 12	0	6	0	0	0	0	0	0	0	0	0	0	0	3 19
Operatives	8	2	10	1	0	1	0	1	0	0	0	0	0	0	23
Laborers and Helpers	11	0	2	2	0	0	0	1	1	1	0	0	0	0	18
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	36	5	25	4	0	2	0	3	1	1	0	0	0	0	77
PRIOR 2023 REPORTING YEAR TOTAL	36	5	30	2	0	1	0	2	2	0	0	0	0	0	78
		SECTIO)N I –	WORK	FORCI	E SNAPS	SHOT I	PERIO)			1			I

12082024 - 12212024

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

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

OMB Control Number: 3046-0049

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						E OF RI									
		CECT				_EVEL I									
OFS COMPANY ID		SECI	ION B	- EMIP	LOYE	R IDEN		OYER N	AME						
AC16425					N	ashville				OFFICE	=				
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					N.A	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	JARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	T-LEVEL	NAME				
HF15002							Ho	uston T	X						
HEADQUARTERS OR ESTABLISHM			DRESS					TY/TOW				STATE		ZIP CO	DDE
1101 East Rich	ney Roa	d					Н	OUSTO	N			TX		7707	73
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA'	TION N	UMBE	R (EIN)					
		SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	e to File)	□ NO	(Emple	oyer Is N	Not Eligi	ible to F	ile)	EMPL	OYER	NO LON	NGER I	IN BUS	INESS		
SE	CTION							TION (i	if applic	able)					
NEC (Circle Establish	F					Not App		4 - 1-1! -1	F	1 !	. T. J	1 C	-4)		
☐ YES (Single-Establishr	-	•													
☐ YES ((Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION C - NAICS INFORMATION														
	SECTION G - NAICS INFORMATION														
	423	.s 140 - M	otor V	ehicle F	Parts (U	Ised) M	erchant	: Whole	salers						
						DEMO	GRAPI	IIC DA	TA						
	L		1				Race/E		•						
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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 Islande	American Indian 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	Inc	ore	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1	1	1	0	0	0	0	1	0	0	0	0	0	0	1 4
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	14	3	4	7	0	0	0	1	0	0	0	0	0	0	29
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4 0
Operatives	10	0	3	11	0	0	0	0	0	0	0	0	0	0	24
Laborers and Helpers	12	2	1	4	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 2024 REPORTING YEAR TOTAL	38	9	10	22	0	0	0	3	1	0	0	0	0	1	84
PRIOR 2023 REPORTING YEAR TOTAL	43	11	9	20	0	0	0	3	2	0	0	0	0	0	88
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMI LOTEKT	SECTION A – TYPE OF REPORT													e: 11/30/	2026
				BLISHN											
		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		255125					
AC16425					N	ashville	IN - C	ORPO	RAIE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DDE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - 1	IEADOL	IARTE	RS OR	ESTAR	LISHN	IENT-I	EVEL	IDENT	IFICA'	FION (if	applica	able)	<u> </u>		
HQ/ESTABLISHMENT-LEVEL UNIT ID			011			UARTE						.010)			
HF15035						Onta	ario CA	- Califo	ornia Co	ore					
HEADQUARTERS OR ESTABLISH	AENT-I EV	/FL ADE	PESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
405 S. Wanar			ICLOS					NTARI				CA		9176	
400 C. Wallar														0170	,,
	SECTI	ON D -	· EMPI	LOYER	IDENT 52920		TION N	UMBE	R (EIN)					
		SECTION	ON E -	EMPLO			ELIGI	BILITY	Y						
X YES (Employer Is Eligib	le to File)	□ NO	(Empl	oyer Is N	ot Elig	ible to F	ile)	EMPLO	OYER I	NO LON	IGER I	IN BUS	INESS		
S	ECTION							ΓΙΟΝ (i	f applic	able)					
			_	tity ID (
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	ablishm	ent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (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)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G − NAICS INFORMATION															
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				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	40	<u>o</u>	a)	ck or Afric American	_	aiis Isl	nerican Indian Alaska Native	e R	Φ	or Jeri	_	aiii	nerican Indian Alaska Native	e R	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	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	1	0	0	0	0	0	0	0	0	0	0	3 5
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTA		0	2	3	0	0	0	0	1	0	0	0	0	0	11
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PRIOR 2023 REPORTING YEAR TOTA	L 4	0	1	4	0	0	0	0	1	0	0	0	0	0	10
		SECTION	ON I –	WORK	FORCI	ESNAP	SHOT I	PERIO)			•			

12082024 - 12212024

No Comment

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Da		
			SECT	TION A	- TYP	E OF R	EPORT				l l				
			ESTA	BLISH	MENT-	LEVEL	REPOR	RT							
OFF COLD LIVE		SECT	TON E	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID AC16425					N	lashville		OYER N		OEEICE	_				
					IN	lastiville				JFFICE			- 1		
ADDRESS								TY/TOV				STATE		ZIP CO	
5846 Crossings								ASHVIL				TN		370	13
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD(QUARTE				-LEVEL	NAME				
HF15068							Newna								
HEADQUARTERS OR ESTABLISHM		/EL ADI	DRESS					TY/TOV				STATE		ZIP CO	
32 Dart R	oad						N	IEWNA	N			GA		302	65
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)					
		~=- ~===			952920										
	SECTION E – EMPLOYER FILING ELIGIBILITY e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
	le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS CCTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SE	CTION							TION (if applic	able)					
			_	ntity ID (
☐ YES (Single-Establishn	ent Emp	oloyer is	Federa	ıl Contra	ctor)	YES (Multi-Es	tablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
YES (I	Headqua	rters is l	Federal	Contrac	tor)	YES (N	Non-Hea	dquarter	s Establ	ishment	is Feder	al Contr	ractor)		
		□ Y	ES (O	ne or Mo	ore Non	ı-Headqı	uarters E	Establish	nments i	s Federa	al Contra	actor)			
		S	ECTIO	ON G - 1	NAICS	INFOR	MATIC	N							
				ehicle F											
	SE	CTION	V H – V	VORKE	ORCE										T
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JOB CATEGORIES		<u>e</u>	ø.	fri än	_	aiii Isl	Indian or Native	e R	Total						
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				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 Alaska	Two or More Races	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	6	0	0	0	0	0	1	0	0	0	0	0	7

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

No Comment

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

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

2024 EMPLOYER IN	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT													mber: 30/ e: 11/30/	
						E OF RI		?T				•			
		SECT	TON E	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME				
HF15081							Wy	koff MI	N						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
125 South Gold	d Street	t					V	VYKOF	F			MN		5599	90
	SECTI	ON D -	EMPI		IDEN' 952920	ΓΙΓΙCΑ'	TION N	UMBE	R (EIN)					
		SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS		
SEC	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA'	TION (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	ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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L TES (I	Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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						DEMO									
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	or La	atino			M	ale				1	Fen	nale			
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	7	0	0	0	0	0	1	0	0	0	0	0	8
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	2	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	9	0	0	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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	17	0	0	0	0	0	4	0	0	0	0	0	21
				_									-	_	
PRIOR 2023 REPORTING YEAR TOTAL	0	0	18	0	0	0	0	0	4	0	0	0	0	0	22

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-	1 COM	PONE	NT 1)					ation Dat		
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		GE GE				LEVEL I									
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AC16425					N	lashville				OFFICE					
												COTE A TENE		7ID CC	DE
ADDRESS	D 1							TY/TOV				STATE		ZIP CO	
5846 Crossings								SHVIL				TN		3701	13
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
HF15123						Exet	er PA -	KAO V	Vareho	use					
HEADQUARTERS OR ESTABLISHMI		EL ADE	RESS					TY/TOV				STATE		ZIP CO	
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	,	SECTIO	ON E -	EMPL	OYER	FILING	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	N BUS	INESS		
SE	CTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	TION (if applic	able)					
						Not App		,		,					
☐ YES (Single-Establishm	ment Employer is Federal Contractor)														
□ VFS (I	Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
TES (I	Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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IOD 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	a a	<u>e</u>	g)	∖fri can	_	aii	ndi Iati	e F	g)	or	ے	aii s	ndi Iati	ė	Total
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Executive/Senior Level Officials and Managers 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	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 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	2	1	59	5	0	0	0	4	18	0	0	0	0	1	90
Service Workers	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
CURRENT 2024 REPORTING YEAR TOTAL	2	1	78	5	0	0	0	4	25	0	0	0	0	1	116
PRIOR 2023 REPORTING YEAR TOTAL	4	1	79	5	0	1	0	2	31	0	0	0	0	1	124

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
				TION A							I				
		CECT		B – EMP											
OFS COMPANY ID		SECI	IONI	- ENIP	LUIE	KIDEN		OYER N	AME						
AC16425					N	lashville				OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	SHVIL	LE			TN		370	13
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID HF15772					HEAD(QUARTE.		stablis rk NJ -		Γ-LEVEL	NAME				
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		SECTION	ON E -	- EMPL			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	NGER I	IN BUSI	INESS		
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable VES (Single-Establishment Employer is Federal Contractor) VES (Multi-Establishment Employer is Federal Contractor)															
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 (Multi-Es	tablishn	nent Em	ployer is	Federa	1 Contra	ctor)		
☐ YES (I	Jeadqua	rters is l	Federal	Contrac	tor)	YES (N	Ion-Hea	dquarter	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															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G − NAICS INFORMATION															
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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	an c	Two or More Races	Row
JOB CATEGORIES	O	a E	ē	Afri can	⊑	vaii	ndi Vati	e F	ē	or	⊆	vaiis c Is	ndi. Vati	re F	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	2	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 Service Workers	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4
CURRENT 2024 REPORTING YEAR TOTAL	5	2	0	0	0	0	0	0	0	0	0	0	0	0	7
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PRIOR 2023 REPORTING YEAR TOTAL	4	1	0	0	0	0	0	0	1	0	0	0	0	0	6
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SECTION J	- HEAT	DOLLAT	2TFD6					VEL CC	MMF	NTS (on	tional)				
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EEOC Standard Form 100 (SF 100) Revised 08/2023

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

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				TON A -											
			ESTA	BLISHM	1ENT-	LEVEL	REPOR	RT.							
		SECT	ION B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings I	3ouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADOU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD(QUARTE	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME				
HF16245						Johns	ston RI	- APO	Provide	ence					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADD	RESS				CI	TY/TOV	/N			STATE		ZIP CC	DE
19 Industrial		22.122	TLLDD					HNST				RI		029	
	SECTI	ON D –	EMPI	LOYER	IDEN'. 52920		TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPL(ELIGI	BILIT	Ÿ						
X YES (Employer Is Eligible										NO LON	IGER I	IN BUSI	INESS		
SEC	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (if applic	able)					
		Uni	que En	tity ID (U	JEI):	Not App	olicable	`	11	,					
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contrac	tor)	YES (Multi-Es	tablishn	nent Em	ployer is	Federa	1 Contra	ctor)		
\ \tag{VEC} \(\lambda \)	Jaadana	rtoro io I	Zadaral	Contract	~~)	VEC (N	Ion Hoo	lanartar	c Ectobl	ichmont	ic Endo	el Contr	notor)		
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
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YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers															
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	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 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 2024 REPORTING YEAR TOTAL	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3
DDIOD 2002 DEDODTING VEAS TOTAL	2	0	1	1	0	0	0	0	1	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL										U	U	U	U	U	5
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SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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

2024 EMPLOYER IN	FURM	AHO	NKEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat		
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		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/NI			STATE		ZIP CC	DE
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5846 Crossings								SHVIL				TN		370′	13
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
HF18183						Wilmin	gton NO	C-KAO	Ops To	opline					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
5704 Oleander Di	. Suite	107					WIL	MINGT	ON			NC		2840	03
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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)														
—	shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	shment Employer is Federal Contractor)														
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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
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	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 Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER INI	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
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OPS COMPANY ID		SECT	ION B	– EMP	LOYE	R IDEN			(A.) (F)						
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SECTION C - HE	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
HF25605						Kei	nnewick			es					
HEADQUARTERS OR ESTABLISHME			RESS					TY/TOW				STATE		ZIP CO	
501 N Quay Street,	Suite B	3-106					KEI	NNEW	ICK			WA		9933	86
	SECTI	ON D -	EMPI		IDENT 052920	FIFICA'	TION N	UMBE	R (EIN)					
	5	SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	lot Eligi	ible to F	ile)	EMPL	OYER	NO LON	NGER I	N BUS	INESS		
SEC	CTION					OR DE		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	ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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	4231					Ised) M			salers						
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	Or La	atino			IVI	ale					ren	nale			
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				ä		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		Φ	4	Black or African American	_	aiia Isla	nerican Indian Alaska Native	ěž	4	or		aiia Isla	nerican Indian Alaska Native	ě	Total
	Male	Female	White	r A	Asian	aw	L Z	<u>0</u>	White	ck Am	Asian	aw	L Z	<u>0</u>	. O.a.
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				ш		Native Hawaiian or Other Pacific Islander	An	≥		¥		Native Hawaiian or Other Pacific Islander	An	≥	
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 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 Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	3	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 2024 REPORTING YEAR TOTAL	2	0	4	0	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2023 REPORTING YEAR TOTAL	3	0	3	0	0	0	0	0	0	0	0	0	0	0	6

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER	NFORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontroi Nui ration Dat		
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		SECT	TION I	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS	5						Cl	TY/TOV	VN			STATE		ZIP CC	DE
5846 Crossing	s Boulev	ard					N.A	SHVIL	LE			TN		3701	13
			DC OD	ECTAT	T TOTTA	AENTE I				TION (:	C 1:				
SECTION C – HQ/ESTABLISHMENT-LEVEL UNIT ID	пеарус	AKIL.	KS UK	ESTAE	HEADO	OUARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME	ible)			
JB60381						_	ale CA								
1 1111	MENTELE	WEL ADI	DEGG			Laotv				0000		CITE A ITEM	1	ZID CC	DE
HEADQUARTERS OR ESTABLISH								TY/TOV				STATE		ZIP CO	
15640 Cantu-Galle	ano Rano	n Road	1				E	ASTVA				CA		9175	02
	SECTI	ION D -	-EMP	LOYER	IDEN' 952920		TION N	UMBE	R (EIN)					
		SECTION	ON E -	- EMPL	OYER	FILING	ELIGI	BILIT	Y						
YES (Employer Is Eligi											NGER I	IN BUS	INESS		
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable															
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☐ YES (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) SECTION G – NAICS INFORMATION															
			ECTIO	ON G - 1	NAICS	INFOR	MATIC	N							
	423			ehicle F					salers						
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							Race/E	thnicit	y						
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				Ę		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		a		Native Hawaiian or Other Pacific Islander	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
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0 4	0	2	0	0	0	0	0	0	2	0	0	0	0	11
Professionals	1	1	2	0	0	0	0	0	0	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	2	3	0	0	0	0	0	1	0	0	0	1	0	8
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers Operatives	19	0	9	2	0	0	0	1	0	0	0	0	0	0	0 33
Laborers and Helpers	39	14	3	2	4	0	2	2	6	0	1	0	0	0	73
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	AL 64	17	23	4	6	0	2	3	8	2	1	0	1	0	131
PRIOR 2023 REPORTING YEAR TOTA		18	31	3	6	0	1	4	9	2	1	0	1	0	145
	1	SECTIO	ON I –	WORK 12082		E SNAP		PERIO	D						

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

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

2024 EMPLOYER IN	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A - TYPE OF REPORT														46-0049 2026
						E OF RI LEVEL I		RT							
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID AC16425					N	ashville		OYER N		OFFICE					
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings I	Bouleva	ard					N.A	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTEI	RS OR									ble)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID JB60392					HEADQ	UARTEI Eau	RS OR ES				NAME				
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				Cl	TY/TOW	/N			STATE		ZIP CC	DE
125-C North Clairm	ont Ave	enue					EA	U CLAI	RE			WI		5470)3
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA'	TION N	UMBE	R (EIN)					
<u></u>						FILING									
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Eligi	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUSI	INESS		
SEC	CTION					OR DE		TION (i	if applic	able)					
VEC (Circle Fetablishon	Unique Entity ID (UEI): Not Applicable shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) WES (Non-Headquarters Establishment is Federal Contractor)														
_ , ,	S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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	4231					INFOR sed) M			ealere						
						DEMO									
							Race/E								
	Hisp	anic atino			M	ala	Not	Hispan	ic or L	atino	Eon	aala			
	Of La	atino			IVI	ale					ren	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	_	<u>o</u>	as a	fric	_	aiia Isla	dia	e Re		or	_	aiia Isla	dia	8	Row Total
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				Bla		ativ	A A	۸o		Afric		ativ her	me Al	Š	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	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 2024 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
PRIOR 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	AHO	NKEI	OKI (EEO-	COM	PONE.	N1 1)					ation Dat		
				TION A -				T.							
		SECT		B – EMP											
OFS COMPANY ID		BECI	10111	Livii	LOIL	KIDLI		OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C – HI			PS OR	FSTAR	I ISHN	/FNT_I				FION (id	fannlica	hle)	l l		_
HQ/ESTABLISHMENT-LEVEL UNIT ID	Zi IDQC	MINIE	ND OIL							Γ-LEVEL		ioic)			
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HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
37 South Thorn	ton Roa	ad					CAS	A GRA	NDE			AZ		8519	93
	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 Eligible	to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPLO	OYER	NO LON	NGER I	IN BUS	INESS		
SEC	CTION			L CONT				ΓΙΟΝ (i	f applic	able)					
	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	ment Employer is Federal Contractor)														
YES (I	Headquarters is Federal Contractor)														
	YES (One or More Non-Headquarters Establishments is Federal Contractor)														
		S	ECTIO)N G – N	NAICS	INFOR	MATIO	N							
	423′	140 - M	otor V	ehicle P	arts (U	Ised) M	erchant	Whole	salers						
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		atino			М	ale	NOL	пізрап	IC OI L	auno	Fen	nale			
				_		Native Hawaiian or Other Pacific Islander	٥	Two or More Races		u.		Native Hawaiian or Other Pacific Islande	p	Two or More Races	
JOB CATEGORIES				Black or African American		ian slar	nerican Indian Alaska Native	Rac		Black or African American		ian slar	nerican Indian Alaska Native	Rac	Row
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	Male	e.	White	ne c	Asian	Ha	an ka	Ĕ	White	lac n A	Asian	Hay	ka	Ĕ	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	5 0	0	0	0	0	0	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	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	10	0	0	1	0	0	0	0	0	0	0	0	25
Operatives	6	0	15	0	0	0	0	0	3	0	0	0	0	0	24
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 2024 REPORTING YEAR TOTAL	23	2	33	0	0	1	0	0	4	0	0	0	0	0	63
PRIOR 2023 REPORTING YEAR TOTAL	22	2	30	0	0	2	0	0	3	0	0	0	0	0	59

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

OMB Control Number: 3046-0049 2024 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 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** 37013 TN SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME JB60471 Colonial Heights VA HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 1984 Ruffin Mill Rd **COLONIAL HEIGHTS** VA 23834 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 0 0 Craft Workers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 6 Operatives 4 Laborers and Helpers 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 **CURRENT 2024 REPORTING YEAR TOTAL** 0 0 6 5 0 0 0 0 0 0 0 0 0 12 **PRIOR 2023 REPORTING YEAR TOTAL** 0 0 0 0 9

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
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		SECT	ION B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DDE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME				
JB60491							Lin	coln N	E						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DDE
3300 Gladsto	ne St						L	INCOL	N			NE		6850)4
	SECTI	ON D -	EMPI		IDENT 952920	ΓΙΓΙCΑ'	TION N	UMBE	R (EIN)					
		SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
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 WES (Maki: Establishment Englands Federal Contracts)														
52.	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm	ment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
- · · ·	Headquarters is Federal Contractor)														
L TES (F	Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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				⊆		Native Hawaiian or Other Pacific Islander	o d	Two or More Races		an		Native Hawaiian or Other Pacific Islander	o d	Two or More Races	
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	Male	Female	White	Black or African American	Asian	Ha	ka ka	Š	White	Black or African American	Asian	Ha	nerican Indian Alaska Native	Š	
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				ä		lati	American Indian or Alaska Native	, 8		Afr		Native Hawaiian Other Pacific Islan	American Indian or Alaska Native		
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
COMMENT EVENTED ON THE TEAM TOTAL			<u>'</u>												_
PRIOR 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-1	COM	PONE	NT 1)					ontrol Nur ation Dat		
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OFS COMPANY ID AC16425					N	achvilla		OYER N		OFFICE					
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ADDRESS								TY/TOW				STATE		ZIP CC	
5846 Crossings								SHVIL				TN		370′	13
SECTION C – H HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	JARTE	RS OR							ΓΙΟΝ (it Γ-LEVEL		able)			
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JB60518								rsburg					_		
HEADQUARTERS OR ESTABLISHM 3706 Camde		EL ADL	DRESS					TY/TOW KERSB				STATE WV		ZIP CC 2610	
3700 Carride												VVV		2010	71
				9	952920)					
_						FILING									
X YES (Employer Is Eligible											NGER I	IN BUS	INESS		
SE	CTION					OR DES		TION (i	if applic	able)					
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☐ 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)														
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							Race/E	thnicity	у						
		anic					Not	Hispan	ic or L	atino					
	or L	atino			IVI	ale					Fer	nale			
				_		or der	or	sə		_		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>0</u>	ale	ţe.	Afri	ű	vaii c Is	Indi Nat	re F	ţe.	c or	۳	vaii c Is	Indi	ē	Total
	Male	Female	White	ck or Afric American	Asian	Hav	an ka I	Mo	White	Black or an Amer	Asian	Hay	anka l	€	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	1	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	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 2024 REPORTING YEAR TOTAL	0	0	7	0	0	0	0	0	1	0	0	0	0	0	8
PRIOR 2023 REPORTING YEAR TOTAL	0	0	8	0	0	0	0	0	1	0	0	0	0	0	9
·	-	SECTIO) N T _	WODK	FODCI	CNIAD	CHOTI	DEDIO							

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

				`				,				Expi	ration Dat	e: 11/30/	2026
				TION A - BLISHN				:T							
				3 – EMP											
OFS COMPANY ID		BECI	10:11	Livii	LOIL	KIDLI		OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C - HI	EADQU	ARTEI	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)	l .		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	T-LEVEL	NAME				
JB60527						F	Philadel	•							
HEADQUARTERS OR ESTABLISHMI			DRESS					TY/TOW				STATE		ZIP CC	
3250 S 76th Stree								ADELF				PA		1915	53
	SECTI	ON D –	·EMPI	LOYER	IDENT 052920		TION N	UMBE	R (EIN)					
		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 Fi	ile)	EMPLO	OYER I	NO LON	NGER I	IN BUS	INESS		
SEG	CTION			L CONT				ΓΙΟΝ (i	f applic	able)					
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)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G − NAICS INFORMATION															
		140 - M	otor V	ehicle P	arts (U	lsed) Me	erchant	Whole							
	SE	CTION	V H – V	VORKF	ORCE										1
			1				Race/E	•	,						
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				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 e	Two or More Races	Row
JOB CATEGORIES	_	<u>o</u>	•	fric		aiia Isla	nerican Indian Alaska Native	e e	a)	or	_	Native Hawaiian Other Pacific Islan	American Indian Alaska Native	e e	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	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	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	3 0
CURRENT 2024 REPORTING YEAR TOTAL	3	2	1	1	0	0	0	0	0	0	0	0	0	0	7
PRIOR 2023 REPORTING YEAR TOTAL	3	2	1	1	0	0	0	0	0	0	0	0	0	0	7
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12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	COM	PONE	NT 1)					ontrol Nur ation Dat		
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		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105	_				
AC16425					N N	asnville				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	
5846 Crossings E	Bouleva	ırd					NA	SHVIL	LE			TN		3701	13
SECTION C - HE	EADQU	ARTEI	RS OR									ble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME				
JB60536							Miam	i FL - A	NPO						
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11930 SW 128t	h Stree	t						MIAMI				FL		3318	36
	SECTI	ON D –	EMPI		IDENT 952920	TIFICA' 557	TION N	UMBE	R (EIN)					
						FILING									
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Eligi	ible to F	ile) 🔲	EMPLO	OYER	NO LO	NGER I	N BUSI	INESS		
SEC	CTION					OR DE		TION (i	if applic	able)					
	· ·														
☐ YES (Single-Establishm	ingle-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
TYES (H	YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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							Race/E	thnicity	у						
	Hisp						Not	Hispan	ic or L	atino.					
	or La	atino		ı	М	ale				I	Fen	nale	I		
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				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)		Black or African American		iiai Isla	dia	Ra		Black or African American		iiai Isla	nerican Indian Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals 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 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 2024 REPORTING YEAR TOTAL	4	0	1	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	3	1	1	0	0	0	0	0	0	0	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	IATIO	N KEI	POKI (EEO-	I COM	PONE	N1 1)					ation Dat		
			SECT	TION A	- TYP	E OF R	EPORT								
			ESTA	BLISH	MENT-	LEVEL	REPOR	RT							
		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		370	13
SECTION C - H	EADOU	JARTEI	RS OR	ESTAB	BLISHN	MENT-I	EVEL	IDENT	IFICA'	TION (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
JB60545						Lawrer	nce MA	-APO I	North E	Soston					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DE
100 Glenn Street,	Suite 1	00A					LA	WREN	CE			MA		0184	13
	SECTI	ON D	FMDI	OVED	IDEN	ΓΙΓΙCA	TION N	HIMRE	D (FIN	<u> </u>					
	SECTI	OND	LIVIII		952920		110111	CNIDE	ik (Eii)	,					
		SECTIO	ON E -	- EMPL	OYER	FILING	ELIGI	BILIT	Y						
X YES (Employer Is Eligible	e to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER 1	IN BUS	INESS		
SE	CTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	TION (if applic	able)					
						Not App		`	**	,					
☐ YES (Single-Establishm	nent Emp	oloyer is	Federa	l Contra	ctor)	YES (Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
	☐ 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)														
L IES (I															
	☐ 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														
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							Race/E								
	Hisp	anic						Hispan	•	atino					
	or L	atino			M	lale					Fer	nale			
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IOD CATECODIES				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	nerican Indian Alaska Native	Зас	Row
JOB CATEGORIES	o o	<u>e</u>	Q.	ck or Afric American	_	aii	lati	9	ø	or	u	aii	American Indian Alaska Native	e F	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	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	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 2024 REPORTING YEAR TOTAL	4	0	1	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					Control Nu ration Da		
			SECT	TION A	- TYP	E OF R	EPORT	ı							
			ESTA	BLISH	MENT-I	LEVEL	REPOF	RT							
OPE COMPANY		SECT	TON F	3 – EMI	LOYE	R IDEN			(4.) m						
OFS COMPANY ID								OYER N		055105	_				
AC16425					N	ashville	IN - C	ORPO	RAIE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					N/	ASHVIL	LE			TN		370	13
SECTION C - HI	EADQU	ARTE	RS OR	ESTAF	BLISHN	AENT-I	LEVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME				
JT56661						Wilmi	ngton C	CA - PY	P -Truc	cking					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
1903 Blinn	Ave						WIL	_MING1	ON			CA		9074	14
	SECTI	ON D	FMD	LOYER	IDEN	CIFICA	TION N	HMRE	D (FIN)					
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	,	SECTION	ON E -	- EMPL			ELIG	BILIT	Y						
X YES (Employer Is Eligible	to File)	Пло	(Empl	over Is N	Not Elig	ible to F	ïle) \square	EMPL	OYER	NO LO	NGER	IN BUS	INESS		
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
SEC	<u>Unique Entity ID (UEI)</u> : Not Applicable														
VFS (Single-Establishm	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
	hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (F	hment Employer is Federal Contractor)														
		□ Y	ES (O	ne or Mo	ore Non	-Headqı	arters E	Establish	ments i	s Federa	al Contr	actor)			
				ON G - 1											
	423	140 - M	otor V	ehicle F	Parts (L	Ised) M	erchant	t Whole	salers						
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		atino			M	ale	1401	Пораг	lic or L	atino	Fer	nale			1
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				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>	σ	ck or Afric American	_	aiis Isl	nerican Indian Alaska Native	e R	ω	o Jeri	_	aii s	nerican Indian Alaska Native	e R	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	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 Laborers and Helpers	8	0	0	0	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 2024 REPORTING YEAR TOTAL	8	1	0	0	0	0	0	0	0	0	0	0	0	0	9

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

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

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

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

2024 EMPLOYER IN	FORM	AHO	N KEI	PORT (EEO-	I COM	PONE	MII)					ration Dat		
			SEC	ΓΙΟΝ A	- TYP	E OF R	EPORT								
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		SEC	TION I	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID								.OYER N			_				
AC16425					N	lashville	IN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE.			TN		370	13
SECTION C - H	EADQU	JARTE	RS OR	ESTAR	LISHN	MENT-I	LEVEL	IDENT	TFICA	TION (i	f applica	able)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR ES	STABLIS	SHMEN'	T-LEVEL	NAME				
JT56672							Buffal	o NY -	1304						
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X YES (Employer Is Eligibl	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SE	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
□ VES (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)														
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	or L	atino			M	lale	1	1		1	Fer	nale		1	
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JOB CATEGORIES				Black or African American		ian	ian	Ra		Black or African American		ian	American Indian or Alaska Native	Ra	Row
OOD GATEGORIES	<u>o</u>	Female	ţ	ck or Afric American	an an	vai c Is	Ind	<u>ə</u>	ţ.	Black or an Amer	E C	vai c Is	la Nai	9	Total
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Executive/Senior Level Officials and Managers 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	<u> </u>	0	0	0	0	0	0	0	0	0	0	0	<u>0</u> 5
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

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comment

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

													Expiration Date: 11/30/2026			
			SECT	ION A	– TYPI	E OF RE	EPORT									
			ESTA	BLISHN	1ENT-L	LEVEL I	REPOR	:T								
		SECT	TON D	- FMD	LOVE	R IDEN	TIEICA	TION								
OFS COMPANY ID		SECI	ION B	- ENIF	LOIE	KIDEN		OYER N	AME							
					N.					OFFICE						
AC16425					N	ashville	IN - C	ORPO	RAIE	JFFICE						
ADDRESS	SS					CITY/TOWN						STATE ZIP CODE			DE	
5846 Crossings Boulevard						NASHVILLE						TN 37013			13	
3																
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
JT56683 Leominster MA - ABC Auto Part																
HEADQUARTERS OR ESTABLISHME	MENT-LEVEL ADDRESS					CITY/TOWN						STATE ZIP CODE				
•						LEOMINSTER										
1525 Central Street						LEUWINSTER						MA 01453			03	
	SECTI	ON D -	EMPI	OYER	IDENT	TIFICA'	TION N	UMBE	R (EIN)						
952920557 SECTION E – EMPLOYER FILING ELIGIBILITY																
_																
X YES (Employer Is Eligible	to File)	∐NO	(Emplo	oyer Is N	lot Elig	ible to Fi	ile) 🔲	EMPL(OYER I	NO LON	IGER I	N BUSI	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 (H	Ieadqua	rters is F	Federal	Contract	tor)	YES (N	on-Head	lquarter	s Establ	ishment i	is Feder	al Contr	actor)			
		Пν	ES (Or	ne or Mo	re Non	-Headqu	arters F	ctablich	ments is	s Federa	1 Contra	actor)				
									mems i	s i cucia	Contr	ictor)				
SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers																
SECTION H – WORKFORCE DEMOGRAPHIC DATA																
SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity																
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		anic		Not Hispanic or Latino												
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				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		
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	0	0	8	0	0	0	0	0	0	0	0	0	0	0	10 0	
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	4	0	11	1	0	0	0	0	2	0	0	0	0	0	18	
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Craft Workers	5	0	10	0	0	0	0	0	0	0	0	0	0	0	15	
Operatives	2	0	8	0	0	0	0	0	0	0	0	0	0	0	10	
Laborers and Helpers	4	0	4	0	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 2024 REPORTING YEAR TOTAL	16	0	41	1	0	0	0	0	3	0	0	0	0	0	61	
PRIOR 2023 REPORTING YEAR TOTAL	16	0	48	1	0	0	0	0	3	0	0	0	0	0	68	
		SECTIO)N I –	WORK	FORCI	E SNAP	SHOT I	PERIO)	<u>. </u>		1	1		I	
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12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

AC16425

ADDRESS

ADDRESS

CITY/TOWN
STATE

S846 Crossings Boulevard

NASHVILLE

TN

37013

SECTION C – HEADQUARTERS 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
CHICAGO
IL 60623

${\bf SECTION\,D-EMPLOYER\,IDENTIFICATION\,NUMBER\,(EIN)}$

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

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		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	1	0	1	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	2	0	0	0	0	0	0	0	1	0	0	0	0	5
Administrative Support Workers	1	2	1	0	0	0	0	0	2	0	0	0	0	0	6
Craft Workers	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	10	1	1	0	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 2024 REPORTING YEAR TOTAL	16	6	4	0	0	0	0	0	2	1	0	0	0	0	29
PRIOR 2023 REPORTING YEAR TOTAL	16	7	4	2	0	0	0	0	2	2	0	0	0	0	33

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

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		SECT				EVEL I									
OFS COMPANY ID		SECI	ION	- ENII	LOIL	KIDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHM	1ENT-L	EVEL	IDENT	IFICAT	ΓΙΟΝ (if	fapplica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					-LEVEL	NAME				
JT56706						Washi	ngton F	Park IL	-E STL	PYP					
HEADQUARTERS OR ESTABLISHM		EL ADE	RESS					TY/TOW				STATE		ZIP CO	
6111 Bunkı	ım Rd						WASHI	NGTO	N PAR	(IL		6220)4
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA' 557	TION N	UMBE	R (EIN)					
		SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	e to File)	□NO	(Emplo	oyer Is N	Not Eligi	ible to F	ile)	EMPLO	OYER I	NO LON	IGER I	N BUSI	NESS		
SE	CTION							TION (i	if applic	able)					
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☐ YES (Single-Establish	-	•								•					
∐ YES (☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION C - NAICS INFORMATION														
SECTION G - NAICS INFORMATION															
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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
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	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	1	0	2	0	0	0	0	0	0	0	0	0	0	3
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	1	0	0	0	0	0	0	1
Operatives Laborers and Helpers	0	0	0	5 0	0	0	0	0	0	0	0	0	0	0	12 0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	3	1	4	7	0	0	0	1	7	0	0	0	0	0	23
PRIOR 2023 REPORTING YEAR TOTAL	3	1	9	9	0	0	0	1	8	0	0	0	0	0	31
I NION 2023 NEFORTING TEAR TOTAL			_	-		CNAD				ľ	-		J		01

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100)

2024 EMPLOYER IN													control Nu ration Da	mber: 30	
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		SECT		3 – EMP											
OFS COMPANY ID		DLC.	10111	2 22.111	LOIL	K IDL:		OYER N	IAME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE	•				
ADDRESS								ITY/TOV				STATE		ZIP CC	DDE
5846 Crossings								ASHVIL				TN		370	13
SECTION C - H	EADQU	JARTE	RS OR	ESTAE								able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE.				Γ-LEVEL	NAME				
JT56742							To	oele U	Т						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
455 North Industria	I Loop I	Road					٦	TOOEL	E			UT		8407	74
	SECTI	ON D -	-EMP	LOYER	IDEN'		TION N	NUMBE	R (EIN)	,				
	SECTION E – EMPLOYER FILING ELIGIBILITY ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
X YES (Employer Is Eligible															
SE	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm															
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	7	0	0	0	0	0	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	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	4	0	12	1	0	0	0	1	0	0	0	0	0	0	18
Operatives	1	0	13	0	0	0	0	0	0	0	0	0	0	0	14
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comment

Service Workers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nui ation Dat		
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		SECT	ION B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings	Roulevs	ard						SHVIL				TN		370	
														370	10
SECTION C - HI	EADQU	ARTE	RS OR							ΓΙΟΝ (it Γ-LEVEL		ible)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				I-LEVEL	NAME				
JT56760								ngfield							
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				Cl	TY/TOW	/N			STATE		ZIP CC	DDE
1860 Laura	a St						SPF	RINGFI	ELD			OR		9747	77
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligible										NO I ON	JCFR I	N RIISI	INFCC		
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SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable VES (Single-Establishment Employer is Federal Contractor) VES (Multi-Establishment Employer is Federal Contractor)															
☐ 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 (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)															
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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>	Female	te	ck or Afric American	я	vai c Is	Ind Nat	re	White	Black or	я	vai C Is	Ind Nai	ē	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	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	1	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 2024 REPORTING YEAR TOTAL	0	0	3	0	0	1	0	0	0	0	0	0	0	0	4
PRIOR 2023 REPORTING YEAR TOTAL	0	0	2	0	0	1	0	0	0	0	0	0	0	0	3
)N I –	WORK		E SNAP	SHOT I	PERIO	<u> </u>			<u> </u>	<u> </u>		1

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	IATIO:	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
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		SECT	TON E	3 – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	IAME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N.A	ASHVIL	LE			TN		370°	13
SECTION C - H			RS OR	FSTAR	RLISHN	AENT-I				TION (i	f applies	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	Z.IDQC	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	up OIL	LOTITI	HEAD(UARTE	RS OR ES	STABLIS	SHMEN	T-LEVEL	NAME	1010)			
JT56771							Grant	ts Pass	OR						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	VEL ADD	DRESS				C	TY/TOV	VN			STATE		ZIP CC	DDE
2001 NE Foothill B								NTS P				OR		9752	
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☐ 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)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	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 Salas 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	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
CURRENT 2024 REPORTING YEAR TOTAL	1	0	1	0	0	0	0	0	1	0	0	0	0	0	3
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PRIOR 2023 REPORTING YEAR TOTAL	1	0	0	0	0	0	1	0	1	0	0	0	0	0	3
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
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OFS COMPANY ID								OYER N							
AC16425					N	ashville	IN - C	ORPO	RAIE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings E	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HE	EADQU	ARTEI	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	TION (if	f applica	able)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID JT56782					HEADQ	UARTEI		Jose (Γ-LEVEL	NAME				
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_	ment 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) SECTION G – NAICS INFORMATION														
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JOB CATEGORIES				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	American Indian Alaska Native	Two or More Races	Row
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	2	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	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	10	0	1	1	2	0	0	2	0	0	0	0	0	0	16
Laborers and Helpers	1	1	1	0	1	1	0	0	0	0	0	0	0	0	5
Service Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2024 REPORTING YEAR TOTAL	14	1	2	1	3	1	0	2	0	0	0	0	0	0	24
PRIOR 2023 REPORTING YEAR TOTAL	11	1	2	2	5	1	0	1	0	0	0	0	0	0	23

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	I COM	PONE	NT 1)					ation Dat		
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AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard						SHVIL				TN		370	
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□ v TC (6: 1 E : 11:1	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 (Single-Establishm	hment Employer is Federal Contractor)														
☐ YES (H	(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)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
PRIOR 2023 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	1	0	0	0	0	0	7

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REF	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
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933 South Treads	away Bl	lvd					Α	BILEN	E			TX		7960)2
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☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contrac	ctor)	YES (N	Aulti-Es	tablishm	nent Em	ployer is	Federal	l Contra	ctor)		
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	or La	atino			М	ale					Fen	nale			
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
PRIOR 2023 REPORTING YEAR TOTAL	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2024 EMPLOYER IN	FORM	AHO	NKEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat		
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ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C – HI	EADOU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	FION (it	f applica	ible)			
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JT56825							Ventur	a CA -	3214						
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3200 Golf Cours	e Drive	Α					VI	ENTUR	!A			CA		9300)3
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X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPLO	OYER	NO LON	NGER I	N BUS	INESS		
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☐ YES (Single-Establishm	ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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JOB CATEGORIES				Black or African American		ian slar	American Indian or Alaska Native	Rac		Black or African American		ian slar	nerican Indian Alaska Native	Rac	Row
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	3	0	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	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	5	0	2	1	0	0	0	0	0	0	0	0	0	0	8
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 2024 REPORTING YEAR TOTAL	11	0	2	1	0	0	0	0	1	0	0	0	0	0	15
PRIOR 2023 REPORTING YEAR TOTAL	5	0	3	1	0	0	0	0	1	0	0	0	0	0	10

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/8/2024 - 12/21/2024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID

EMPLOYER NAME

 AC16425
 Nashville TN - CORPORATE OFFICE

 ADDRESS
 CITY/TOWN
 STATE
 ZIP CODE

 5846 Crossings Boulevard
 NASHVILLE
 TN
 37013

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)

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

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		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	3	0	0	0	0	1	1	0	0	0	0	0	7
Professionals	0	0	2	0	0	0	0	1	1	0	0	0	0	0	4
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	2	1	10	1	1	0	0	0	2	0	0	0	0	0	17
Administrative Support Workers	0	3	1	0	0	0	0	1	3	0	2	0	0	0	10
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	9	0	1	4	3	0	0	1	0	0	0	0	0	0	18
Laborers and Helpers	7	1	5	6	0	0	0	2	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 2024 REPORTING YEAR TOTAL	20	5	22	11	4	0	0	6	7	0	2	0	0	0	77
PRIOR 2023 REPORTING YEAR TOTAL	10	4	2	6	2	0	0	4	1	0	0	1	1	0	31

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

			. , 1121	0111	LLU.		. 0.12	. ()				Expir	ation Dat	e: 11/30/	2026
				TON A BLISHN				RT							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	20112		<u> DOID</u>			OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
5846 Crossing	s Bouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C -	HEADQU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
JT56861								a GA - <i>i</i>							
HEADQUARTERS OR ESTABLISH		/EL ADE	DRESS					TY/TOW				STATE		ZIP CC	
777 Whart								TLANT				GA		3033	36
	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 Eligi	ole to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile)	EMPLO	OYER 1	NO LON	NGER 1	IN BUS	INESS		
S	ECTION	F – FEI	DERAI	L CONT	RACT	OR DES	SIGNA'	TION (i	if applic	able)					
VEC (Circle Fetalial	F							4 - 1- 1! - 1	F	1	F-4	1 Ct	-4)		
☐ YES (Single-Establish	•	•													
☐ YES (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	vaics arts (U	INFOR	erchant	Whole	salers						
				VORKF											
			•				Race/E	•	•						
		anic atino			M	ale	Not	Hispan	ic or L	atino	For	nale			
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				_		Native Hawaiian or Other Pacific Islander	P	ses		⊊		or	ō	ses	
JOB CATEGORIES		a		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 Islander	American Indian or Alaska Native	Two or More Races	Row
	Male	Female	White	ck or Afric American	Asian	ıwa fic I	Inc	ore	White	Black or an Amer	Asian	rwa fic I	Na Na	ore	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
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	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	2	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 2024 REPORTING YEAR TOTA	L 1	0	2	2	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	L 1	0	2	1	0	0	0	0	1	0	0	0	0	0	5
		SECTIO	DNI –	WORK	FORCI	ESNAP	SHOTI	PERIO	Ò			L			1

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

	11 014.		, 1121	(LLO .		. 0.12	. ()				Expir	ation Dat	e: 11/30/	2026
			SECT	TON A	– TYPI	E OF RI	EPORT								
			ESTA	BLISH	/ENT-l	LEVEL I	REPOR	RT							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	/N		1	STATE		ZIP CC	DF
5846 Crossing	. Poulove	ard						SHVIL				TN		3701	
														370	13
SECTION C -	HEADQU	ARTE	RS OR	ESTAB	LISHN	<u> 1ENT-L</u>	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI					NAME				
JT56870						Sarala	nd AL-ŀ	KAO Lo	gisSar	aland					
HEADQUARTERS OR ESTABLISH	MENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DDE
246-A Jacintopo	rt Boulev	ard					SA	RALA	ND			AL		3657	71
	SECTI	ON D -	FMPI	OVER	IDENT	TIFICA'	TION N	IIIMRE	R (FIN)			l .		
	SECTI	ON D -	151411 1		952920		110111	CWIDE	K (LH)	,					
		SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligil										NO I ON	JCFR I	IN RIISI	INFCC		
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S	ECTION	F – FEI	DERAL	L CONT	RACT	OR DE: Not App	SIGNA'	TION (i	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 (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor)															
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers Operatives	0	0	7	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
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTA	L 0	0	10	2	0	0	0	0	1	0	0	0	0	0	13
PRIOR 2023 REPORTING YEAR TOTA	L 0	0	10	2	0	0	0	0	1	0	0	0	0	0	13
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12082024 - 12212024

No Comment

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
						E OF RI									
						LEVEL									
OFS COMPANY ID		SECT	ION B	– EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					N	ashville				OFFICE					
					- ' '	asiiviiic				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
JT56892						Hazel	wood N	10 - KA	O Logi	stics					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
1601 Trade Port Dri	ve, Suit	e 100					HAZ	ZELWC	OD			MO		6304	12
	SECTI	ON D -	EMPI	LOYER	IDENT	TIFICA'	TION N	UMBE	R (EIN)					
		SECTIO	NF_		052920 OVED	557 FILING	FLICI	BII ITY	v						
X YES (Employer Is Eligible					-					NO LON	ICER I	N RUSI	INESS		
											OEKI	пов	ITESS		
SEC	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)														
□ x750 (6: 1 E : 11:1	ment Employer is Federal Contractor)														
L YES (Single-Establishm	ment Employer is Federal Contractor)														
☐ YES (F	Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	Headquarters is Federal Contractor)														
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	or La	atino			М	ale					Fen	nale			
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				⊑		Native Hawaiian or Other Pacific Islander	o o	Two or More Races		an		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
JOB CATEGORIES				Black or African American		iar	American Indian or Alaska Native	Ra		Black or African American		iar	American Indian or Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	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 Operatives	1	0	0 4	0	0	0	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 2024 REPORTING YEAR TOTAL	1	0	6	0	0	0	0	1	0	0	0	0	0	0	8
TOTAL															
PRIOR 2023 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ration Dat		
			SECT	TION A	– TYP	E OF RI	EPORT	1							
			ESTA	BLISH	ΛΕΝΤ-	LEVEL	REPOR	RT							
		SECT	TON F	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					N	lashville	IN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE			TN		370°	13
SECTION C - H	EADQU	JARTEI	RS OR	ESTAB	LISH	MENT-I	LEVEL	IDENT	IFICA'	TION (it	f applic	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD(QUARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
JV43342							Do	onna T	Κ						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
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	SECTI	ON D -	EMP	LOYER	IDEN'	ΓΙFICA'	TION N	UMBE	R (EIN)					
					952920										
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X YES (Employer Is Eligible											NGEK.	IIA BUS	IINESS		
SE	CTION			L CONT					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-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)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G − NAICS INFORMATION															
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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	Races	Row
JOB CATEGORIES	ø	Female	ē	ck or Afric American	⊆	vaii	ndi Aat	je j	ē	Black or an Amer	⊆	vaii	ndi Vat	re F	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	2	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers Craft Workers	7	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Operatives	6	0	0	0	0	0	0	0	0	0	0	0	0	0	6
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 2024 REPORTING YEAR TOTAL	20	0	2	0	0	0	0	0	0	0	0	0	0	0	22
PRIOR 2023 REPORTING YEAR TOTAL	17	0	2	0	0	0	0	0	0	0	0	0	0	0	19
		SECTIO	ON I –	WORK	FORC	E SNAP	SHOT	PERIO	D D	I		1	ı	1	1

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	(ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
				TION A											
				BLISH											
OFS COMPANY ID		SECT	TION E	B – EMP	LOYE	R IDEN		ATION OYERN	ΙΔMΕ						
AC16425					N	ashville				OFFICE					
ADDRESS								TY/TOV				STATE		ZIP CC	DDE
5846 Crossings E	Bouleva	ard						ASHVIL				TN		370	
SECTION C – HE			RS OR	ESTAB	LISHN	MENT-I				FION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME	1010)			
JV43353							Crawl	fordville	e GA						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				Cl	TY/TOV	VN			STATE		ZIP CC	DDE
1271 Bethany C	hurch F	₹d					CRAV	VFORD	VILLE			GA		3063	31
	SECTI	ON D -	EMPI	LOYER	IDEN 1952920		TION N	UMBE	R (EIN)	•				
	,	SECTIO	ON E -	- EMPL			ELIGI	BILIT	Y						
X YES (Employer Is Eligible										NO LO	NGER	IN BUS	INESS		
SEC	CTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	TION (if applic	able)					
	, <u> </u>														
☐ YES (Single-Establishm	shment Employer is Federal Contractor)														
TYES (H	S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	G (Headquarters is Federal Contractor)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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	1	1	0	0	0	0	0	0	0	0	0	3
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	3	1	1	0	0	0	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	0	0	3	0	1	0	0	0	0	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
						E OF RI LEVEL I		rT							
		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					N	ashville	IN - C	ORPO	RATE	OFFICE					
ADDRESS								TY/TOV				STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C - HI	EADQU	ARTE	RS OR									ıble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME				
JV43364							Hun	tington	IN						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	DRESS				CI	TY/TOV	VN			STATE		ZIP CO	DE
1870 Riverfor	k Drive						HUN	NTING	ΓON			IN		4675	50
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA' 557	TION N	UMBE	R (EIN)	,				
	,	SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILIT	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	Not Eligi	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUSI	NESS		
SEC	CTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA'	TION (i	if applic	able)					
		Uni	ique En	tity ID (<u>UEI)</u> :	Not App	licable								
☐ YES (Single-Establishm	Ablishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
☐ YES (F	(Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
— 12 5 (1	Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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						DEMO									
							Race/E	thnicit	у						
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	or La	atino			М	ale	I				Fen	nale			
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JOB CATEGORIES		σ		Black or African American		nija Isla	nerican Indian Alaska Native	Ra		Black or African American	_	ıiiaı Isla	nerican Indian Alaska Native	Ra	Row Total
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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	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ation Dat		
				TION A											
			ESTA	BLISH	∕IENT-I	LEVEL	REPOR	RT							
		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					N	asnville	IN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N.A	ASHVIL	LE			TN		370	13
SECTION C - H	EADQU	JARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	applica	able)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
JV43375						Deer I	Park N	r - Auto	DataLa	abels					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADD	RESS				Cl	TY/TOV	/N			STATE		ZIP CC	DDE
44 West Jefryn B	lvd, Suit	te K					DE	ER PA	RK			NY		1172	29
	SECTI	ON D -	EMPI	LOYER	IDEN	rifica'	TION N	IIIMRF	R (EIN)			ı		
	SECTI	.0112	2.,11		952920		110111	CIVIDE	II (LII)	,					
		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	ile)	EMPL	OYER	NO LON	IGER I	IN BUS	INESS		
	CTION														
52	CIIOI			tity ID (11011(пиррпе	uoie)					
☐ 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)															
■ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers															
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		CHON	111 - V	VOKKI	OKCE		Race/E								
	Hisr	anic						Hispan		atino					
		atino			M	lale	1101	Пори		auno	Fer	nale			
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	2	1	1	1	0	0	0	0	3	0	0	0	0	1	9
Craft Workers 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 2024 REPORTING YEAR TOTAL	2	2	2	1	0	0	0	0	3	0	1	0	0	1	12
PRIOR 2023 REPORTING YEAR TOTAL	3	2	4	1	0	0	0	0	3	0	1	0	0	1	15
		SECTIO	ON I –	WORK	FORC	E SNAP	SHOT	PERIO	D			<u> </u>	I		l .

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2024 EMPLOYER IN	HUKM	AHO	N KEI	OKI (EEO-	I COM	PONE.	N1 1)					ation Dat		
			-	TION A			-								
			ESTA	BLISHN	∕IENT-I	LEVEL	REPOR	RT							
		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID					N.			OYER N		OFFICE					
AC16425					IN	asnville				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	DE
5846 Crossings B	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C - HI	EADQU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	-				Γ-LEVEL	NAME				
MV45633						Cham	bersbu	rg PA -	TripleN	lickel					
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
2956 Lincoln W	ay Wes	st					CHAN	IBERSI	BURG			PA		1720)2
	SECTI	ON D -	EMPI	LOYER	IDEN'	ΓΙFICA'	TION N	UMBE	R (EIN)					
					952920										
				EMPL											
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPLO	OYER 1	NO LO	NGER I	IN BUS	INESS		
SEC	CTION			L CONT				TION (i	f applic	able)					
		Uni	ique En	tity ID (<u>UEI)</u> :	Not App	licable								
☐ YES (Single-Establishm	ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
YES (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)														
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JOB CATEGORIES		o o		fric	_	aiia Isk	dia ativ	22	4	or	_	aiia Isk	dia ativ	ě.	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	1	0	7	0	0	0	0	0	0	0	0	0	0	0	8
Operatives	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Laborers and Helpers	0	0	5	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 2024 REPORTING YEAR TOTAL	1	0	21	0	0	0	0	0	1	0	0	0	0	0	23
PRIOR 2023 REPORTING YEAR TOTAL	1	0	24	0	0	0	0	0	2	0	0	0	0	0	27

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

31

2024 EMPLOYER IN	FORM	ATIO	NREF	ORT (EEO-1	1 СОМ	PONE.	NT 1)					ation Dat		
			-	TON A BLISHN			-	RT.							
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	IN - C	ORPO	RAIE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings B	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C – HI			RSOR	ESTAB	LISHN	/ENT-I	EVEL	IDENT	IFICA'	FION (it	fapplica	ble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	2.12.00		LD OIL							T-LEVEL		1010)			
MV45651						Pittsbo	oro NC-	GreenE	BeanBa	attery					
HEADQUARTERS OR ESTABLISHME	NT-LEV	/FL ADD	RESS					TY/TOW				STATE		ZIP CO	DF
1245 Thomps		22.122	11200					TSBO				NC		2731	
												110		2101	_
					952920	557)					
X YES (Employer Is Eligible				EMPLO	_					NO LON	IGER I	N RIISI	INESS		
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SEC	JION			L CONT				TION (1	т аррис	abie)					
VEC (Cir1- E-4-11-1	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
	· ·														
☐ YES (H	6 (Headquarters is Federal Contractor) TYES (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														
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				VORKE											
		CHO	111 7	OKIKI	ORCL		Race/E								
	Hisn	anic						Hispan		atino					
		atino			М	ale		порин		<u> </u>	Fen	nale			
JOB CATEGORIES		<u>e</u>	Ð	Black or African American	L	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Ð	Black or African American	_	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	5	0	0	0	0	0	0	0	0	0	0	0	8
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	0	0	0	0	0	3
Administrative Support Workers	0	2	1	0	0	0	0	1	2	0	0	0	0	0	6
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	3	6	1	2	1	0	1	5	0	0	0	0	0	19

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

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		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	20112		<u> DOID</u>			OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
5846 Crossing	s Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C -	HEADQU	JARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID MV45660					HEADQ		KS OR ES Ketterir			Γ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISH	MENT I EV	/EL ADE	DECC					TY/TOW				STATE		ZIP CC	DE
4991 Hempster			KLSS					TTERII				OH		4542	
			EMPI	LOYER)					
		SECTIO	ON E.	EMPL	052920 OVER		FLIGI	RILITY	v						
X YES (Employer Is Eligi										NO LON	NGER I	IN BUS	INESS		
S	ECTION	F – FEI	DERAI	L CONT	RACT	OR DES	SIGNA'	TION (i	if applic	able)					
VFS (Single Establish	ment Emr							tablichm	ant Em	nlover ic	Fadara	1 Contra	ctor)		
☐ 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)															
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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 Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	3 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	0	21	6	1	0	1	0	1	0	0	0	0	0	32
Laborers and Helpers Service Workers	1	0	5 0	0	0	0	0	0	0	0	0	0	0	0	10 1
CURRENT 2024 REPORTING YEAR TOTAL		2	29	8	1	0	1	0	5	0	0	0	0	0	50
			-	-				-	-				-		
PRIOR 2023 REPORTING YEAR TOTA		2	29	4	1	0	1	0	6	1	0	0	0	0	47
		SECTIO)NI –	WORK	FORCI	E SNAP	SHOT	PERIO	D						

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2024 EMI EO TERT	SECTION A – TYPE OF REPORT													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					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossing	s Bouleva	ard					N/	SHVIL	LE			TN		3701	13
SECTION C - I	HEADQU	JARTE	RS OR							<mark>ΓΙΟΝ</mark> (i: Γ-LEVEL		able)			
MV45671					HEADQ	VOARTEI		ledo Ol		I-LEVEL	IVAIVIL				
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADD	RESS				C	TY/TOW	/N			STATE		ZIP CC	DE
5245 Lew							Т	OLED)			ОН		436	
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN)					
W vma an an an an an an an an an an an an an				EMPL	OYER	FILING					vaen.				
X YES (Employer Is Eligil				-							NGERI	IN BUSI	INESS		
5	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)														
☐ YES (Single-Establish	lishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
YES	YES (Headquarters is Federal Contractor)														
_	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale	I				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
332 3711 233111 23	Male	Female	White	ck or Afric American	Asian	wai fic Is	Ind Na	ore	White	Black or	Asian	wai fic l	Ind	ore	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals Technicians	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	1	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 2024 REPORTING YEAR TOTA	L 0	0	0	0	0	0	0	1	1	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTA	L 0	0	1	0	0	0	0	1	1	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT ((EEO-	1 COM	IPONE	NT 1)					ontroi Nu ration Da		
			SECT	TION A	- TYP	E OF R	EPORT	1							
				BLISH											
		SECT	TION E	3 – EMI	PLOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID								OYER N	IAME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							С	ITY/TOV	VN			STATE		ZIP CO	DDE
5846 Crossings	Bouleva	ard						ASHVIL				TN		370	
SECTION C – H			DC OD	ECTAI	ot ichi	AENT I				TION (if applied				
HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ANIL	NS UK	ESTAL	HEAD(OUARTE	RS OR E	STABLE	SHMENT	Γ-LEVEL	. NAME	abie)			
MV45682								ott Valle							
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADI	ORESS				С	ITY/TOV	VN			STATE		ZIP CO	DDE
9551 E Lorna La	ne, Suit	e E					PRESC	COTT	/ALLEY	1		AZ		863	14
	SECTI	ON D -	- EMPI	LOYER	IDEN	TIFICA .	TION N	HIMRE	R (EIN)					
	SECTI	.0112	22.111		952920		110111	(CI)IDI	(LII. (,					
	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	gible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SE	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm	nent Emp	oloyer is	Federa	ıl Contra	ctor)	YES (Multi-Es	stablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
☐ YES (I	Headana	rters is	Federal	Contrac	rtor) \square	VES (N	Jon-Hea	danarter	e Fetabl	ishment	is Feder	ral Contr	ractor)		
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				ne or M		_			nments 1	s Federa	al Contr	actor)			
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	or L	atino			M	lale	1				Fer	nale			
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JOB CATEGORIES				Black or African American		ian Slaı	American Indian or Alaska Native	Ra		Black or African American		ian Slaı	American Indian or Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	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
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SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comment

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT ((EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
				TION A							I				
		SECT		B – EMP											
OFS COMPANY ID		SECI	IONI) — ENIF	LOIL	KIDEN		OYERN	IAME						
AC16425					N	ashville				OFFICE	=				
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE.			TN		370	13
SECTION C - H	EADQU	ARTE	RS OR	ESTAE	BLISHN	/ENT-I	LEVEL	IDENT	'IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME				
MV45693							Jackso	on MS -	3127						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADI	ORESS				C	ITY/TOV	VN			STATE		ZIP CC	DE
865 Boling S	Street						J	ACKSC	N			MS		3920)9
	SECTI	ON D -	- EMP	LOYER	IDEN	ΓΙΓΙCA	TION N	NUMBE	R (EIN)					
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_			-	-EMPL	-		_								
	cible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (LED): Not Applicable														
SE	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm	hment Employer is Federal Contractor)														
YES (I	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `														
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JOB CATEGORIES		a)		Black or African American		iial Isla	dia ti dia	8		Black or African American		iial	nerican Indian Alaska Native	Ra	Row Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	2	0	0	0	0	2	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	3	2	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	3	9	0	0	0	1	0	3	0	0	0	0	17 5
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	1	11	15	0	0	0	1	2	3	0	0	0	0	33

SECTION I – WORKFORCE SNAPSHOT PERIOD

18

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
						E OF RI		T.				•			
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	IN-C	ORPO	RAIE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DDE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME				
MV45707							Aug	justa G	iΑ						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DDE
3307 Comme	rce Dr						Al	JGUST	Α			GA		3090	9
	SECTI	ON D -	EMPI		IDENT 952920	ΓΙΓΙCΑ'	TION N	UMBE	R (EIN)					
		SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible										NO LOI	NGER I	N BUS	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)														
☐ YES (Single-Establishm	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) TYES (Non-Headquarters Establishment is Federal Contractor)														
L IES (F	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														
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JOB CATEGORIES				Black or African American		ian slar	ian	Ra		Black or African American		ian slar	nerican Indian Alaska Native	Rac	Row
JOB GATEGORIES	<u>0</u>	Female	ţ.	ck or Afric American	an	vai ic Is	Ind	ē	ţe	Black or	an	vai ic Is	Ind	ē	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	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	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 2024 REPORTING YEAR TOTAL	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
COMMENT 2027 REI ONTING TEAN TOTAL	, ,	, , , , , , , , , , , , , , , , , , ,	<u>'</u>	<u>'</u>	, , , , , , , , , , , , , , , , , , ,	,	J		, , , , , , , , , , , , , , , , , , ,	J	, , , , , , , , , , , , , , , , , , ,		J		_
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	ADDRESS CITY/TOWN STATE 5846 Crossings Boulevard NASHVILLE TN SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) T-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Wilmington NC - 3448														
											i				
OFS COMPANY ID		SECT	TION I	3 – EMP	PLOYE	R IDEN			JAME						
AC16425					N	lashville				OFFICE					
ADDRESS												STATE		ZIP CC	DDF
	Bouleva	ard												370	
-			DS OD	FCTAE	et ichn	MENT.I				TION G	fannlic				
HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	NO OK	LOIAL	HEAD(UARTE	RS OR ES	STABLIS	SHMEN'	T-LEVEL	NAME	aute)			
MV45716						١	Vilming	ton NC	- 3448	}					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
954 S Kerr							WIL	_MING1	TON			NC		2840	03
	SECTI	ON D -	- EMP	LOYER	IDEN':		TION N	UMBE	ER (EIN	D)			.		
		SECTI	ON E -				G ELIG	BILIT	Y						
				-							NGER	IN BUS	INESS		
SEC	CTION								if applic	cable)					
VFS (Single Establishm	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 F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI):</u> Not Applicable															
L YES (F	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)														
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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 CATEGORIES	<u>9</u>	Female	<u>te</u>	ck or Afric American	an	vai ic Is	Ind	ē	<u>t</u> e	Black or	an	vai ic Is	Ind	-re-	Total
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						2 g	4	-				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	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 Operatives	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
COMMENT 2027 NEI ONTINO TEAN TOTAL			,		Š	, v		, ,	, ,	,	, v	, v	,	, , , , , , , , , , , , , , , , , , ,	
PRIOR 2023 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
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				12002	-024 -	122 120	<u>-</u> +								

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2024 EMPLOYER IN	FORM	AHO	NKEI	POKI (EEO-	COM	PONE	N1 1)					ation Dat		
			SECT	TION A	- TYP	E OF R	EPORT								
			ESTA	BLISH	/ENT-	LEVEL	REPOR	RT							
		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID															
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					N.A	SHVIL	LE			TN		370 ⁻	13
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HQ/ESTABLISHMENT-LEVEL UNIT ID	ZADQU	AKILI	NO OK	LSIAD	HEADO	DUARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME	able)			
MV45743						-									
	NT LEX	/EL ADD	DECC									CTATE		7ID ((NDE.
,	SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952920557 SECTION E - EMPLOYER FILING ELIGIBILITY gible to File) \(\begin{array}{c cccc} NO (Employer Is Not Eligible to File) \(\begin{array}{c cccccccc} EMPLOYER NO LONGER IN BUSINESS \end{array}\)														
141 South St,	SHMENT-LEVEL ADDRESS CITY/TOWN STATE 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)														10
	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														
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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	DERA	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
									11	,					
VES (Single-Establishm	ent Emr	olover is	Federa	l Contrac	ctor)	VES (Multi-Es	tablishn	nent Em	nlover is	Federa	1 Contra	ctor)		
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							Not	Hispan	ic or L	.atino					
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JOB CATEGORIES				ica		ian	ia i	Ra		_ <u>:</u> ë		ian	iar	Ra	Row
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals															0
Technicians						1 .		_				-			0
Sales Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) SECTION F - FEDERAL CONTRACTOR														0
Craft Workers	NASHVILLE TN 370														0
Operatives Laborers and Helpers															1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	2	1	0	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2023 REPORTING YEAR TOTAL	2	1	0	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER INI	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
				TON A				rT							
		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID							EMPL	OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings E	Souleva	ard						SHVIL				TN		370	
														370	13
SECTION C – HE HQ/ESTABLISHMENT-LEVEL UNIT ID	<u>EADQU</u>	ARTE	RS OR							ΓΙΟΝ (i1 Γ-LEVEL		ıble)			
-					пеарс	•				I-LEVEL	NAME				
MV45752							Columb								
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
1600 Integrity	Drive						CC	LUMB	US			OH		4320)9
	SECTION	ON D -	EMPI				TION N	UMBE	R (EIN)	l		l		
		SECTIO	ON E -				ELIGI	BILITY	Y						
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	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														
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)														
	hment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
TYES (H	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
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				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	Row
JOB CATEGORIES		ø		Black or African American	_	aiia Isla	dia ativ	200		or eric	_	aiia Isla	nerican Indian Alaska Native	8	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	1	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	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 2024 REPORTING YEAR TOTAL	0	0	2	1	0	0	0	0	1	0	0	0	0	0	4
PRIOR 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	1	1	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

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						E OF RI LEVEL I		т							
		CECT	_	_		R IDEN	_								
OFS COMPANY ID		SECI	ION D	- ENIP	LUIE	KIDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							CI	TY/TOW	VΝ			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
	EADQU	NASHVILLE ADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Ocoee FL - KAO Warehouse OCOEE OCOEE S Parkway OCOEE S Parkway OCOEE 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 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)													
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Ocoee FL - KAO Warehouse MENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CO GRESS Parkway OCOEE FL 347 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)														
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HEADQUARTERS OR ESTABLISHM			DRESS												
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	ole 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 Eligib	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
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)														
	Unique Entity ID (UEI): Not Applicable nment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
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YES (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)														
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	or La	atino		1 1	M	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	2	0	0	0	0	0	0	0	0	0	0	0	2
First/Mid-Level Officials and Managers Professionals	0	0	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	0	2	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers Service Workers	7	0	0	9	0	0	0	0	0	0	0	0	0	0	22 0
CURRENT 2024 REPORTING YEAR TOTAL	. 8	3	3	11	1	0	0	0	1	3	0	0	0	0	30

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-	1 COM	PONE	NT 1)					ation Dat		
						E OF RI		_			I				
		~-~				LEVEL									
OFS COMPANY ID		SECT	TON E	<u> – EMP</u>	LOYE	R IDEN		ATION OYER N	AME						
AC16425					N	lashville				OFFICE					
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ADDRESS								TY/TOV				STATE		ZIP CO	
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	TION (if	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
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HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOV	VN			STATE		ZIP CO	DDE
926 3rd Ave							В	ILLING	S			MT		5910)1
		OND	EMDI	OVED	IDENT	TIFICA'				n					
				9	952920	557)					
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X YES (Employer Is Eligible	e to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SE	CTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	TION (if applic	able)					
		Uni	ique En	tity ID (UEI):	Not App	licable		••						
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
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YES (I	Headqua							_					actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
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JOB CATEGORIES				Black or African American		ian	American Indian or Alaska Native	Ra		Black or African American		ian	American Indian Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals 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	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	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	1	0	0	0	1	0	0	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	I COM	PONE	NT 1)					ontroi Nu ration Da		
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AC16425					N	ashville				OFFICE	=				
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ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	3ouleva	ard					N.A	ASHVIL	.LE			TN		370	13
SECTION C - HI	EADOU	JARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	TFICA'	FION (i	f applica	able)			
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		SECTION	ON E -	- EMPL	OYER	FILING	ELIG	BILIT	Y						
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_	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)														
☐ YES (Single-Establishm	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
□ YES (F	Unique Entity ID (UEI): Not Applicable														
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				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>	o o	ck or Afric American	_	lä lis	nerican Indian Alaska Native	DZ O	a)	o	_	ä I	nerican Indian Alaska Native	02	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0 2
Professionals	2	0	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	6	5	4	2	0	0	0	0	2	0	0	0	0	1	20
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
<u> </u>															

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/8/2024 - 12/21/2024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comment

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
				TION A							I				
		SECT	ION I	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	TY/TOW	VN			STATE		ZIP CC	DDE
5846 Crossings E	Bouleva	ard					N/	SHVIL	LE			TN		370°	13
SECTION C – HI	ADOL	IARTEI	RS OR	ESTAB	RLISHN	/ENT-I	EVEL	IDENT	TFICA'	TION (i	f applic	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	IDQC	/11K1L	ub OII	LOTIL	HEADQ	UARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME	шоге			
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HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADE	RESS					TY/TOW				STATE		ZIP CC	DDE
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XYES (Employer Is Eligible										NO LO	NGER	IN BUS	INESS		
		F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA								
			_	ntity ID (Б.1	1.0			
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	I Contra	ctor)	YES (I	VIulti-Es	tablishm	nent Em	ployer is	Federa	ıl Contra	ctor)		
☐ YES (H	leadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Hea	dquarter	s Establ	ishment	is Fede	ral Contr	ractor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	Establish	ments i	s Federa	l Contr	actor)			
				ON G - 1											
		140 - M	otor V	ehicle P	Parts (U	lsed) M	erchant	Whole							
	SE	ECTION	1 H – V	VORKF	ORCE										
							Race/E								
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	Of L	atino			IVI	ale		l		1	rei	male			-
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
						Zõ	٩	-				Zğ	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 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 Operatives	0	0	0	0 4	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 2024 REPORTING YEAR TOTAL	1	0	3	4	0	0	0	2	0	0	0	0	0	0	10
PRIOR 2023 REPORTING YEAR TOTAL	2	0	3	5	0	0	0	2	1	0	0	0	0	0	13
	,	SECTIO	ON I –	WORK	FORCI	E SNAP	SHOT	PERIO	D	•		•		•	

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT

	CECTACAL B. FLADY CATED ADDITION OF THE ANGLE												
	SECTION B - EMPLO	YER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME											
AC16425		Nashville TN - CORPORATE OFFICE											
ADDRESS CITY/TOWN STATE ZIP CODE													
5846 Crossings Boulevard NASHVILLE TN 37013													
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
PA92672		Baltimore MD - APO North											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
2901 E E	Biddle St	BALTIMORE	MD	21213									

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	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	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 2024 REPORTING YEAR TOTAL	0	0	0	2	0	0	0	0	1	0	0	0	0	0	3
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	2	0	0	0	0	1	0	0	0	0	0	3

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2024 EMPLOYER INI	UKM	AHO	NKEI	OKI (EEO-	I COM	PONE	N I I)					ation Dat										
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OFS COMPANY ID		SECT	TON B	B – EMP	LOYE	R IDEN		<u>ATION</u> OYER N	AME														
AC16425					N	lashville				OFFICE													
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ADDRESS								TY/TOW				STATE		ZIP CC									
5846 Crossings E								SHVIL				TN		370′	13								
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	-				Γ-LEVEL	NAME												
PA92681						Bei	nnett C	0 - LKC	Q Denv	er													
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				Cl	TY/TOW	VN			STATE		ZIP CC	DE								
40100 E Colfa	ax Ave						В	ENNET	Т			CO		8010)2								
	SECTI	ON D -	EMPI	LOYER	IDEN	ΓΙFICA'	TION N	UMBE	R (EIN	<u></u>													
					952920																		
				EMPL																			
X YES (Employer Is Eligible				-							NGER I	IN BUS	INESS										
SEC	CTION			L CONT				TION (i	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 (H	leadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)										
		Пу	ES (Ot	ne or Mo	ore Non	-Headar	arters F	Stablish	ments i	s Federa	ıl Contra	actor)											
)N G - 1																			
		140 - M	otor V	ehicle P	arts (L	Jsed) M	erchant	Whole															
	SE	CTION	V H – V	VORKF	ORCE																		
							Race/E		•														
		anic				lala	Not	Hispan	ic or L	.atino	F												
	or La	atino			IV	lale				1	Fen	nale	1										
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				au		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		ä		o u	0 0	ĕ	_								
JOB CATEGORIES		as a		Black or African American		iial	nerican Indian Alaska Native	Ra		Black or African American		iial	dia Itiv	R	Row								
	Male	Female	White	ck or Afric American	Asian	Na Ic I	₽ E	ore	White	Black or	Asian	ic Na	Na Na	ore	Total								
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0								
First/Mid-Level Officials and Managers	1	0	5	0	0	0	0	0	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 Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0		Mative Hawaiian or CO 8010 BUSINESS Contractor) Contractor) tor) American Indian or More Races Two or More Races O O O O O O O O O O O O O O O O O O O										
Craft Workers	3	0	7	0	0	0	1	0	0	0	0				0 11								
Operatives	1	0	4	0	0	0	0	0	0	0	0				5								
Laborers and Helpers	2	0	7	1	0	0	0	0	1	0	0				11								
Service Workers	0	0	0	0	0	0	0	0	0	0	0				0								
CURRENT 2024 REPORTING YEAR TOTAL	7	0	23	1	0	0	1	0	2	0	0	0	0	0	34								
PRIOR 2023 REPORTING YEAR TOTAL	8	0	19	0	0	0	0	0	3	0	0	0	0	0	30								

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2024 EMPLOYER IS	TORM	AHO	N KEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat	e: 11/30/	
				TION A				T.							
		SECT		B – EMP											
OFS COMPANY ID		5201			2012			OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard						SHVIL				TN		3701	
			DC OD	ECT A D	T TOTTA	AENT I				TION (:4	C 1:				
SECTION C – H	EADQU	AKIL	KS UK	ESTAD	HEADO	UARTEI	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME	ible)			
PA92690					`	N	lurrieta	CA - S	eawide)					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	DRESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
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	SECTI	ON D -	- EMPI	LOYER	IDEN 1		TION N	UMBE	R (EIN)					
				EMPL	OYER	FILING									
X YES (Employer Is Eligib											IGER I	N BUSI	NESS		
SE	CTION			L CONT tity ID (ΓΙΟΝ (i	if applic	able)					
☐ YES (Single-Establish	nent Emr		_	-				tahlichm	ent Em	nlover is	Federal	Contrac	ctor)		
	-	•													
☐ YES (Headqua	rters is I	Federal	Contrac	tor) 🔲	YES (N	lon-Head	iquarter	s Establ	ishment	is Feder	al Contr	actor)		
				ne or Mo					ments i	s Federa	l Contra	ictor)			
	423	S: 140 - M	ECTION V	ON G - N ehicle P	NAICS larts (L	INFOR	MATIO erchant	N Whole	salers						
				VORKF											
							Race/E	thnicity	у						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale	I				Fen	nale			
						- a	_	G				r	_	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 Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		O		Black or African American	_	aiia Isla	nerican Indian Alaska Native	ěž		or	_	aiia Isk	nerican Indian Alaska Native	Ř	Total
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						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	1	2	0	0	0	0	0	1	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	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	. 2	4	2	0	0	0	0	0	3	0	0	0	0	0	11
PRIOR 2023 REPORTING YEAR TOTAL	. 1	4	2	0	0	0	0	0	3	0	0	0	0	0	10

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
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		SECT	ION B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings	Rouleva	ard						SHVIL				TN		370	
														3/0	J
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAB	HEADO	MENT-L	EVEL.	IDENT	IFICA'	ΓΙΟΝ (ii Γ-LEVEL	f applica	able)			
-					HEADQ	UAKTEI				I-LEVEL	NAME				
PA92701								Wayne							
HEADQUARTERS OR ESTABLISHM		EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
8520 Bluffto	n Rd						FOF	RT WAY	YNE			IN		4680)9
	SECTI	ON D -	EMPI		IDENT	TIFICA'	TION N	UMBE	R (EIN)					
	5	SECTIO	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	CTION	F – FEI	DERAI	CONT	TRACT	OR DE	SIGNA	TION (if annlic	able)					
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☐ YES (Single-Establishm	ent Emn							tahlichm	ent Em	nlover ic	Federal	l Contra	ctor)		
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YES (I	Headqua	rters is I	Federal	Contrac	tor)	YES (N	lon-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)		
		\square Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
						INFOR									
	551114	4 - Cor	oorate	Subsic	liary, a	nd Regi	onal Ma	anaging	Office	es					
	SE	CTION	I 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			
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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	4	<u>e</u>	Ð	ck or Afric American	_	aii	ndi	e E	o o	or Jer	_	aii s	nerican Indian Alaska Native	e R	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	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	0	0	4	2	0	0	0	0	0	0	0	0	0	0	6
Laborers and Helpers	0	0	1	5	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 2024 REPORTING YEAR TOTAL	0	0	8	7	0	0	0	0	1	0	0	0	0	0	16
PRIOR 2023 REPORTING YEAR TOTAL	1	0	10	5	0	0	0	0	1	0	0	0	0	0	17

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 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																
	SECTION B – EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME															
OFS COMPANY ID	EMPLOYER NAME Nashville TN - CORPORATE OFFICE															
AC16425																
ADDRESS							CITY/TOWN						STATE ZIP CODE			
5846 Crossings Boulevard						NASHVILLE						TN 37013			13	
SECTION C - HE	EADQU	ARTEI	RS OR									ble)				
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
QP16037	Denver CO - Self Service															
HEADQUARTERS OR ESTABLISHME						CITY/TOWN						STATE ZIP CODE				
1355 West 52nd Ave						DENVER						CO	80221			
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																
SECTION G – NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers																
SECTION H – WORKFORCE DEMOGRAPHIC DATA																
							Race/E	thnicity	у							
	Hispanic					Not Hispanic or Latino										
	or Latino			1	М	Male				Female						
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Male Female White Black or African Asian Native Hawaiian or Alaska Native Black or Alaska Hawaiian or Alaska Native Asian White White Black or Alaska Native Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Alaska Native Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian Asian										Ra	Row Total					
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	1	1	0	1	0	0	0	0	1	1	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	8	0	3	0	0	0	0	0	0	0	0	0	0	0	1 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 2024 REPORTING YEAR TOTAL	11	1	3	2	0	0	0	0	1	1	0	0	0	1	20	
PRIOR 2023 REPORTING YEAR TOTAL	1	0	0	0	0	0	0	0	1	0	0	0	0	0	2	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER INI	FORM	ATIO	N REI	ORT (EEO-1	СОМ	PONE	NT 1)					ation Dat		
				TON A BLISHN				RT.			l				
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
5846 Crossings E	Rouleva	ard						SHVIL				TN		370	
														370	10
SECTION C – HE	CADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
QP16048							Siou	x Falls	SD						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
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		SECTIO	ON E -	EMPL	952920 OYER		ELIGI	BILITY	Y						
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■ YES (Single-Establishme	shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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Professionals	0	0	0	0	0	0	0	0	0	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 2024 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
DDIOD 2022 DEDODTING VEAD TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
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	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G − NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers														
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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 c Alaska Native	Two or More Races	Row
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Professionals	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	1	0	2	0	1	0	0	0	0	0	0	0	0	0	4
Service Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2024 REPORTING YEAR TOTAL	. 1	2	2	0	1	0	0	0	0	0	0	0	0	0	6
PRIOR 2023 REPORTING YEAR TOTAL	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
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AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ard					N.A	SHVIL	LE			TN		3701	3
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)	l		
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QP16061						Fairfi	eld OH	- APO	Cincini	natti					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	RESS				Cl	TY/TOW	VN			STATE		ZIP CO	DE
7048 Fairfield Busin	ness Ce	enter					FA	AIRFIEL	_D			OH		4501	4
	SECTI	ON D -	EMPI		IDENT	TIFICA'	TION N	UMBE	R (EIN)			l		
		SECTIO	ON E -			FILING	ELIGI	BILITY	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	N BUS	INESS		
SEC	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
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☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federal	l Contra	ctor)		
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals 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 Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	2	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

												Expir	ation Dat	e: 11/30/.	2026
			SECT	TON A	- TYP	E OF RI	EPORT								
			ESTA	BLISHM	1ENT-I	LEVEL I	REPOR	rT.							
		SECT	ION B	- EMP	LOVE	R IDEN	TIFICA	TION							
OFS COMPANY ID		SECI	ION) — <u>12.</u> [V11 .	LOIL	KIDEN		OYER N	AMF						
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ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
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SECTION C - HI	EADQU	AKTE	KS OK	ESTAB	LISHN	UARTEI	EVEL	IDENT	IFICA	TION (11	applica	ible)			
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QP16072						Gree	nvilleMI	- Inver	ntoryRe	COV					
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	;	SECTIO	ON E –	EMPLO	OYER	FILING	ELIGI	BILITY	Y						
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YES (One or More Non-Headquarters Establishments is Federal Contractor)															
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■ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION 339999 - All Other Miscellaneous Manufacturing															
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							Race/E	thnicity	У						
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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	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	16
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	3	1	12	0	0	0	0	1	3	0	0	0	0	0	20
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SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

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SECTION C - H	EADQU	ARTE	RS OR									ıble)			
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QP16114							Sagina	w MI -	3297						
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☐ YES (Single-Establishm	nent Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
	(Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	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	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 2024 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

28206

SECTION A - TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME

AC16425

Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** TN 37013

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Charlotte NC - APO QP16147

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 333 Dalton Ave **CHARLOTTE** NC

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

SECTION E - EMPLOYER FILING ELIGIBILITY

🔀 YES (Employer Is Eligible to File) 🗌 NO (Employer Is Not Eligible to File) 🔲 EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): Not Applicable

- ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)
 - ☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)
 - YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

SECTION H - WORKFORCE DEMOGRAPHIC DATA

1	Race/Ethnicity														
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		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	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	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 2024 REPORTING YEAR TOTAL	1	0	1	1	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2023 REPORTING YEAR TOTAL	1	0	1	1	0	0	0	0	0	0	0	0	0	0	3

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	INTORMATION REPORT (EEO-T COMI ONENT 1)													nber: 30/ e: 11/30/	
				TION A											
				BLISH											
OFS COMPANY ID		SECT	TON E	B – EMP	LOYE	R IDEN		ATION OYER N	A 3 4 5						
AC16425					N	achville				OFFICE					
						asiiviiic				011101					
ADDRESS								TY/TOW				STATE		ZIP CC	
5846 Crossings								SHVIL				TN		370′	3
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (it Γ-LEVEL	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADÇ	UARTE				I-LEVEL	NAME				
QP16158					-			go IL -							
HEADQUARTERS OR ESTABLISHM			DRESS					TY/TOW				STATE		ZIP CC	
4500 W Chica	ago Ave						C	HICAG	0			IL		6065	o1
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPL			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		
SE	CTION	F – FEI	DERA	L CONT	TRACT	OR DE	SIGNA'	TION (i	if applic	able)					
				tity ID (,	••	Ź					
YES (Single-Establishn	nent Emp	oloyer 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)														
	(Headquarters is Federal Contractor)														
)N G - I					ments i	s redera	i Contra	actor)			
	423			ehicle F					salers						
				VORKF											
							Race/E								
		anic				ala	Not	Hispan	ic or L	atino.	Far	mala			
	Of L	atino 			IV	ale					rei	nale			
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				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande		More Races	Row
JOB CATEGORIES		<u>o</u>	as a	ck or Afric American	_	ajia Isli	nerican Indian Alaska Native	8	a)	or	_	ajia Isl	American Indian Alaska Native	e) O	Total
	Male	Female	White	Fic A	Asian	aw		lor	White	Black or an Amer	Asian	aw	- Z	<u>o</u>	
	2	Fe	>	S E	ä	a a	ical	<u>-</u>	≥	Bla	ä	E S	ical	≥	
				lac		er F	Ala	00		ric		er F	Ala	Two or I	
				ш		Native Hawaiian or Other Pacific Islander	Ā	≥		¥		Native Hawaiian or Other Pacific Islander	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	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 Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	0	2	1	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2024 EMI LOTER II	AT OKW	AHO	N KEI	OKI (EEO-	COM	I ONE.	N1 1)				Expir	ation Dat	e: 11/30/	2026
						E OF RI		· -							
		OT 07				LEVEL I									
OFS COMPANY ID		SECI	TON B	– EMP	LOYE	R IDEN		OYER N	ΔME						
AC16425					N	ashville				OFFICE					
					- 1	asiiviiic				011101					
ADDRESS								TY/TOW				STATE		ZIP CO	
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - I	IEADQU	JARTE	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI					NAME				
QP16213						Gı	rand Ra	apids M	I - 3370)					
HEADQUARTERS OR ESTABLISHM	/IENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
4259 40th	St SE						GRA	ND RA	PIDS			MI		4951	12
	SECTI	ON D -	EMPI	LOYER	IDEN	TIFICA'	TION N	UMBE	R (EIN)	<u> </u>				
					952920										
W xxxx (x , , , x xx xx						FILING				T 01	JOED	DI DIIG	D IEGG		
X YES (Employer Is Eligib				-							NGER I	IN BUS	INESS		
SI	ECTION	F – FEI	DEKAI	L CONT	IKACT HED:	OR DE: Not App	SIGNA'	HON (i	ii applic	abie)					
			-					. 1 11 1			Б. 1	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)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
	423					Ised) M			salers						
	SF	ECTION	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			
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				_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		Ę		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 Other Pacific Islande	American Indian or Alaska Native	Rac	Row
JOB CATEGORIES	O	Female	ţ.	ck or Afric American	⊊	vaii	nd Nat	re	Ę.	Black or	⊊	vaii	nd	<u>ē</u>	Total
	Male	Ĕ	White	or / ieri	Asian	ļia	an I ≀a I	Mol	White	Ack Ar	Asian	aşi	an I	₽	
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				ш		울동	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	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	1	0	7	0	1	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 2024 REPORTING YEAR TOTAL	L 1	0	10	0	1	0	0	0	2	0	0	0	0	0	14
PRIOR 2023 REPORTING YEAR TOTAL	L 1	0	9	0	1	0	0	0	2	0	0	0	0	0	13
		SECTIO	ON I –	WORK	FORCI	E SNAP	SHOT I	PERIO	D		1				•
				40000	004	004000									

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REF	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ration Da		
			SECT	TON A	– TYPI	E OF R	EPORT	1			<u> </u>				
			ESTA	BLISH	MENT-I	LEVEL	REPOF	RT							
		SECT	TON B	В – ЕМЕ	LOYE	R IDEN	TIFIC	TION							
OFS COMPANY ID								OYER N	IAME						
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE	Ē				
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					N/	ASHVIL	LE.			TN		370	13
SECTION C - HI	EADQU	ARTE	RS OR	ESTAF								able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				-LEVEL	NAME				
QP16224							Gaith	ersburg	MD						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADE	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DE
7909 G Cessi	na Ave						GAIT	HERSE	BURG			MD		2087	79
	SECTI	ON D -	EMPI			ΓΙΓΙCA	TION N	UMBE	R (EIN)					
		952920557 SECTION E – EMPLOYER FILING ELIGIBILITY													
W vreg on the result															
	ole to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEC	CTION					'OR DE Not App			if applic	able)					
☐ YES (Single-Establishm	ant Emr		_	-					ont Em	nlover i	Endore	l Contro	ator)		
	-	•								•					
☐ YES (F	leadqua					YES (N		-					ractor)		
						-Headqı			ments i	s Federa	al Contra	actor)			
	423					INFOR Ised) M			ealere						
						DEMO									
							Race/E	thnicit	у						
		anic					Not	Hispan	ic or L	atino					
	or La	atino		1	M	ale	1	1		1	Fer	nale	1	ı	
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JOB CATEGORIES		o o		ع تز		iiai Isla	dia	Ra		r eric		iiai Isla	dia i	Ra	Row Total
	Male	Female	White	Black or African American	Asian	iva Fic	nerican Indian Alaska Native	ore	White	Black or African American	Asian	l wa	nerican Indian Alaska Native	ore	Total
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				<u>8</u>		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Αŧ		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
						- 0	-					- 0		'	

Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers **CURRENT 2024 REPORTING YEAR TOTAL** PRIOR 2023 REPORTING YEAR TOTAL

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2024 EMPLOYER INI	OKM	AHO	N KEI	OKI (EEO-	I COM	PONE	N1 1)					ation Dat		
			-	TION A			-								
				BLISHN											
OFG GOV MANAY IN		SECT	ION E	B – EMP	LOYE	R IDEN			113 m						
OFS COMPANY ID					N.			OYER N		OFFICE					
AC16425					IN	asnville	IN-C	URPU	RAIE	OFFICE					
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CC	DDE
5846 Crossings E	3ouleva	ard					NA	ASHVIL	LE			TN		370	13
SECTION C - HE	ADOU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (it	f applica	able)	ı ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME	•			
QP16235						Nortl	hern Lig	ght Refi	nishing	ј МI					
HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADD	RESS				Cl	TY/TOW	/N			STATE		ZIP CC	DDE
157 West Beec								AR SPR				MI		493	
			EMEDI	OVED	IDENT	DIETO				D.					
	SECTI	ON D –	EMP	LOYER	1DEN 052920		IION N	UMBE	K (EIN)					
		SECTIO	NF-	EMPL			r ei ici	RII ITY	V						
X YES (Employer Is Eligible										NO LON	ICED I	INI DI ICI	NIECC		
											NGER I	III DUSI	IIVESS		
SEC	CTION			L CONT				TION (i	if applic	able)					
—			_	tity ID (
☐ YES (Single-Establishme	ent Emp	oloyer is	Federa	l Contrac	ctor)	YES (Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (H	hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) G (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment 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)														
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				Other I					ı						
	SE			VORKF											
							Race/E		•						
		anic					Not	Hispan	ic or L	.atino					
	or La	atino			M	lale					Fer	nale	1		
				⊆		Native Hawaiian or Other Pacific Islander	þ	Two or More Races		an L		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
JOB CATEGORIES				Black or African American		ian	American Indian or Alaska Native	Rac		Black or African American		ian	American Indian Alaska Native	Rac	Row
JOB CATEGORIES	Ð	Female	Ę.	ck or Afric American	₽	cls	nd Aat	<u>ē</u>	ā.	Black or	⊊	vai	nd Vat	<u>ē</u>	Total
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				ш		윤동	Ā	≥		A		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	0	0	0	0	0	0	0	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 Operatives	0	0	0 15	0	0	0	0	0	6	0	1	0	0	1	0 24
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 2024 REPORTING YEAR TOTAL	0	1	16	0	0	0	1	0	8	0	1	0	0	1	28
PRIOR 2023 REPORTING YEAR TOTAL	0	1	19	0	0	0	1	0	8	0	1	0	0	1	31

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat			
						E OF RI LEVEL I		T.								
		SECT	TON B	B – EMP	LOYE	R IDEN										
OFS COMPANY ID								OYER N								
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE	
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13	
SECTION C - HI	EADQU	ARTEI	RS OR	ESTAB	LISHN	AENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)	1			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME					
QP16246							Rich	mond '	٧A							
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE	
3317 W Bro	ad St						RI	CHMOI	ND			VA		2323	30	
	SECTI	ON D -	EMPI		IDENT 952920	ΓΙΓΙCΑ'	TION N	UMBE	R (EIN)						
		SECTIO	ON E -			FILING	ELIGI	BILITY	Y							
X YES (Employer Is Eligible										NO LOI	NGER I	N BUS	INESS			
				-		OR DE										
52.						Not App			пррпс	4010)						
☐ YES (Single-Establishm	nent Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)															
- · · ·	eadquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)															
L YES (F	(eadquarters is Federal Contractor)															
		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														
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						DEMO										
			, ,	. 011111	01102		Race/E									
	Hisp	anic						Hispan		atino						
	or La	atino			М	ale					Fen	nale				
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				⊑		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		an an		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		
JOB CATEGORIES				Black or African American		ian slar	ian tive	Ra		rigi .		ian slar	nerican Indian Alaska Native	Ra	Row	
JOB GATEGORIES	<u>0</u>	Female	ţ.	ck or Afric American	an	vai ic Is	Ind	ē	ţe	Black or	an	vai ic Is	Ind	ē	Total	
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				Bla		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	۸ ۷		Black or African American		Native Hawaiian Other Pacific Islan	American Indian or Alaska Native	۸ ۷		
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0	
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2024 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
CORNENT 2024 REPORTING TEAR TOTAL	U	U	<u>'</u>	U	U	U	U	U	U	U	U	U	U	U	1	
PRIOR 2023 REPORTING YEAR TOTAL	0	0	3	2	0	0	0	0	0	0	0	0	0	0	5	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

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

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				TON A -											
				BLISHM											
OFG COMPANY ID		SECT	ION B	B – EMP	LOYE	R IDEN			A 3 45						
OFS COMPANY ID AC16425					N	lashville		OYER N ORPO		OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		370	
SECTION C - H	EADOU	ARTEI	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID]	HEAD(QUARTEI	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME	/			
QP16270							Freder	icksbur	g VA						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADD	RESS				CI	TY/TOW	VΝ			STATE		ZIP CC	DDE
24 Enterprise	Ct103						FREDE	RICKS	BURG	i		VA		2240)5
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)			I		
		SECTIO	ON E -	EMPL(52920 OYER		ELIGI	BILITY	Y						
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	INESS		
SEG	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA	ΓΙΟΝ (i	if applic	able)					
_				tity ID (U											
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contrac	tor)	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)															
☐ 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															
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JOB CATEGORIES		<u>e</u>	ø.	Black or African American	_	ajia Isla	ıdia ativ	e e	60	or	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	e E	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	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 2024 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
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PRIOR 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
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SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

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OFS COMPANY ID		SECI	ION B	- EMP	LUYE	R IDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossing	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - 1	HEADQU	ARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME				
QP16281								ngfield							
HEADQUARTERS OR ESTABLISH		/EL ADD	DRESS					TY/TOW				STATE		ZIP CO	
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	SECTI	ON D -	EMPI		IDENT 952920	FIFICA'	TION N	UMBE	R (EIN)					
		SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligib	le to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER 1	NO LO	NGER I	IN BUS	INESS		
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable VES. (Single Establishment Employer is Federal Contractor) VES. (Multi-Establishment Employer is Federal Contractor)															
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 (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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	1	0	1	0	0	0	0	0	0	0	0	0	2
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 2024 REPORTING YEAR TOTA	L 1	0	1	0	1	0	0	0	2	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTA		0	2	0	1	0	0	0	2	0	0	0	0	0	6
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12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2024 EWII LOTEK II	SECTION A – TYPE OF REPORT													e: 11/30/	2026
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		SECT	ION B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
	Poulove	ard						SHVIL				TN		370	
5846 Crossings														370	13
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	<u>iEADQU</u>	ARTE	RS OR							ΓΙΟΝ (if Γ-LEVEL		ıble)			
					неарс	UAKTE				I-LEVEL	NAME				
QP16334								River N							
HEADQUARTERS OR ESTABLISHM		EL ADE	RESS					TY/TOW				STATE		ZIP CC	
196 Bedfo	rd St						FA	LL RIV	ER			MA		0272	20
	SECTI	ON D -	EMPI	LOYER	IDENT 052920		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 Fi	ile)	EMPLO	OYER	NO LON	NGER I	N BUS	INESS		
SI	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable Part Employer is Federal Contractor) VES (Multi-Establishment Employer is Federal Contractor)														
	nent 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)														
□ves	☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)														
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	1	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
Craft Workers Operatives	0	0	2	0	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 2024 REPORTING YEAR TOTAL	_ 0	0	5	0	0	1	0	0	0	0	0	0	0	0	6
	4														
PRIOR 2023 REPORTING YEAR TOTAL	_ 0	0	6	0	0	1	0	0	0	0	0	0	0	0	7

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2024 EMI LOTER IN	SECTION A – TYPE OF REPORT													e: 11/30/	/2026
				TION A BLISHN			-								
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	IAME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N.A	SHVIL	LE.			TN		370′	13
SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTEI	RS OR			MENT-L DUARTE						able)			
QP16345					HEAD	VOAKTE		ston M		I-LEVEL	INAMIL				
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	SECTI	ON D -	EMPI	LOYER	IDEN'		TION N	UMBE	R (EIN)	I		I		
				EMPL	OYER	FILING									
X YES (Employer Is Eligible											NGER	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 (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															
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JOB CATEGORIES		ø	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
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	4	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 Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers			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 2024 REPORTING YEAR TOTAL						1	1			0	_				
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER INI	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT														2026
						E OF RI		RT.			,				
		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
5846 Crossings E	Bouleva	ard						SHVIL				TN		3701	
														370	10
SECTION C – HE	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
QP16356							Sa	lem MA	4						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DDE
45 Mason S	treet						;	SALEM	1			MA		0197	70
	SECTI	ON D -	EMPI		IDENT 952920	TIFICA'	TION N	UMBE	R (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															
SEC	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)															
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	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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	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	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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	2	0	7	0	0	0	0	1	1	0	0	0	0	0	11
DDIOD 2022 DEDODTING VEAD TOTAL	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

2024 EMPLOYER IN	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT														/2026
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OFS COMPANY ID		SECT	TION I	3 – EMP	LOYE	R IDEN		ATION OYER N	ΔME						
AC16425					N	ashville				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	DDE
5846 Crossings	Roulova	ard						ASHVIL				TN		370	
			DC OD	TOTAL T	T TOTTS	ATTAIN T				TION (C 1:			370	13
SECTION C – HI HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKIE	KS OK	ESTAE	HEAD(<u>IENT-I</u> DUARTE	LEVEL RS OR ES	TABLIS	HICA HMEN	TTON (1 Γ-LEVEL	t application NAME.	able)			
QP16378						•	Greenv								
HEADQUARTERS OR ESTABLISHMI	NT-LEV	/FL ADI	ORESS					TY/TOW				STATE		ZIP CC	DDE
1116 Cedar L			TILDD					EENVII				SC		296	
			EMD	LOVED	IDEN	PIETCA				<u> </u>					
	SECTI	UN D -	- ENIP	LOYER	952920		HONN	UNIBE	K (EIIV)					
		SECTI	ON E -	- EMPL			ELIG	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	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 (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)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G − NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers															
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				San		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>	ø.	Black or African American	_	aiia	nerican Indian Alaska Native	e R	ω	or	ے	aiia	nerican Indian Alaska Native	e R	Total
	Male	Female	White	or A	Asian	law ific	⊒ Z	/or	White	Black or	Asian	law :ific	n lr a N	/lor	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	0	0	0	0	1	0	0	0	0	0	0	0	2
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	3	0	0	0	1	0	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	1	0	0	0	0	0	0	0	4
		SECTION	ONI-	WORK				PERIO	D						
SECTION J	– HEA	DOUAI	RTERS		-	221202 SHME		VEL CO)MME	NTS (on	tional)				

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REF	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
				ION A											
				BLISHN											
OFG GOVERNAME		SECT	ION B	– EMP	LOYE	R IDEN			13 m						
OFS COMPANY ID AC16425					NI	oobvillo		OYER N		OFFICE					
					IN	astiville				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CC	
5846 Crossings E								SHVIL				TN		370′	13
SECTION C – HE	EADQU	ARTEI	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT.	IFICA'	ΓΙΟΝ (if Γ-LEVEL	applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					неарс	UAKTE				I-LEVEL	NAME				
QP16400								nming C			ı				
HEADQUARTERS OR ESTABLISHME			RESS					TY/TOW				STATE		ZIP CC	
306 Tribble Ga								JMMIN				GA		3004	+0
	SECTION	ON D –	EMPI	LOYER	IDENT 52920		TION N	UMBE	R (EIN)					
	S	SECTIO)NE-	EMPLO	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	ot Elig	ible to F	ile) 🔲 🛚	EMPLO	OYER	NO LON	IGER I	IN BUS	INESS		
SEC	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)														
TYPE (Circle Established	hment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
	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 (H	6 (Headquarters is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
				N G - N											
				ehicle P											
							Race/E								
	Hisp						Not I	Hispan	ic or L	atino.					
	or La	atino			M	ale					Fen	nale	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
Executive/Senior Level 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 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 2024 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
PRIOR 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER INI	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
				TON A				T.							
		SECT	ION E	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings E	Souleva	ard						SHVIL				TN		370	
														370	10
SECTION C – HE HQ/ESTABLISHMENT-LEVEL UNIT ID	<u>EADQU</u>	ARTE	RS OR							ΓΙΟΝ (i1 Γ-LEVEL		able)			
-					пеарс	UAKTEI				I-LEVEL	NAME				
QP16521								noke \							
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
1930 Salem A	ve SW						R	HOMAC	ΚE			VA		2401	16
	SECTION	ON D -	EMPI		IDENT		TION N	UMBE	R (EIN)			<u> </u>		
	SECTION E – EMPLOYER FILING ELIGIBILITY igible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
VFS (Employer Is Fligible					-		_			NO LON	ICER I	N RUS	INFSS		
	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
SEC	Unique Entity ID (UEI): Not Applicable														
	shment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	tablishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
TYES (H	ES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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				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 Isla	dia ativ	ě		or eric	_	ajia Isla	nerican Indian Alaska Native	8	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	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	1	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	1	0	0	0	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 2024 REPORTING YEAR TOTAL	1	0	0	1	0	0	0	0	2	0	0	0	0	0	4
PRIOR 2023 REPORTING YEAR TOTAL	1	0	0	1	0	0	0	0	2	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
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				_		_EVEL I	_								
OFS COMPANY ID		SECI	ION B	- EMP	LUYE	R IDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C – HI	EADQU	JARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME				
QP16532 HEADQUARTERS OR ESTABLISHMI		IEL ADD	DEGG		-			apeake				COTE A TENE		ZID CC	DE.
HEADQUARTERS OR ESTABLISHMI 911 Live Oa		EL ADL	RESS					TY/TOW				STATE VA		ZIP CC 2332	
311 Live Oa		OND	EMDI	OVED	IDENT	TIFICA'				`		· · ·		2002	
	SECTI	UND-	ENIFI		952920		HONN	UNIDE	K (EII)	,					
						FILING									
X YES (Employer Is Eligible											NGER I	IN BUS	INESS		
SEC	CTION					OR DE		TION (i	if applic	able)					
VEC (Single Establishm															
	nment Employer is Federal Contractor)														
☐ YES (F	(Headquarters 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														
	4231					INFOR Ised) M			salers						
	SE	ECTION	I H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
							Race/E								
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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 CATEGORIES	Male	Female	ite	ck or Afric American	Asian	wai ic Is	Ind Nat	ore	White	Black or an Amer	an	wai ic Is	Ind Nat	ore	Total
	Ma	-en	White	c or	Asi	Ha	can ska	ΣW.	×	lac In A	Asian	Ha	can ska	ΣW.	
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				В		Native Hawaiian or Other Pacific Islander	Am,	×		Af		Native Hawaiian or Other Pacific Islander	Am,	×	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	1	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	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	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	3 0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	2	3	0	0	0	0	0	1	0	0	0	0	6
PRIOR 2023 REPORTING YEAR TOTAL	0	0	2	3	0	0	0	0	0	1	0	0	0	0	6

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2024 EMPLOYER II	SECTION A - TYPE OF REPORT														2026
				TION A BLISHN				:T							
		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/NI			STATE		ZIP CC	DE
	Davidave	u al						SHVIL							
5846 Crossings												TN		370′	3
SECTION C – I	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
QP16543							Aug	gusta G	iA						
HEADQUARTERS OR ESTABLISHN	IENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
1437 Reynold	ds Street						Al	JGUST	Α			GA		3090)1
· · · · · · · · · · · · · · · · · · ·	SECTI	ON D -	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 SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
X YES (Employer Is Eligib	le to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER I	N BUSI	NESS		
SI	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)															
_	 ■ 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) TYES (Non-Headquarters Establishment is Federal Contractor)														
	(Headquarters is Federal Contractor)														
		S	ECTIO	N G - 1	NAICS	INFOR	MATIO	N							
	423			ehicle P					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					Fen	nale			
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				_		Native Hawaiian or Other Pacific Islande	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 Xther Pacific Islande	American Indian or Alaska Native	gc		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	gc	Row
JOB CATEGORIES		<u>o</u>	as a	ck or Afric American	_	aii:	ati	e E	a)	or	_	aii Isl	ndi; ati	e E	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	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	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 2024 REPORTING YEAR TOTAL	. 0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2023 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT														2026
						E OF RI LEVEL I		RT.							
		SECT	TON E	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
5846 Crossings I	Souleva	ard						SHVIL				TN		370	
														370	IJ
SECTION C - HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME				
QP16653							La	argo FL	-						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
6460 126TH	Ave N							LARGO)			FL		3377	71
	SECTI	ON D -	EMPI			TIFICA'	TION N	UMBE	R (EIN)					
		SECTIO	ON E -		952920 OYER	557 FILING	ELIGI	BILIT	Y						
X YES (Employer Is Eligible	Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEV	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)															
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				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	lu d	Two or More Races	Row
JOB CATEGORIES		a)		ric	_	ija Isla	dia ativ	25		or	_	ija Isla	dia ativ	8	Total
	Male	Female	White	ck or Afric American	Asian	ii 🦠	Ξ̈́	ore	White	Black or	Asian	ii 🦠	nerican Indian Alaska Native	ore	Total
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						<u> </u>						<u> </u>			
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
Professionals	0	0	0	0	0	0	0	0	0	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	1	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	1	0	0	0	0	1	4
TOTAL TOTAL							_			, , , , , , , , , , , , , , , , , , ,			,		
DRIOD 2022 DEDORTING VEAR TOTAL	0	0	3	0	n	0	0	0	1	0	0	0	0	1	5

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					Control Nu ration Da		
			SECT	TION A	- TYP	E OF R	EPORT	ı							
			ESTA	BLISH	MENT-I	LEVEL	REPOF	RT							
OFFI COL TRUNK IN		SECT	TON F	3 – EMI	LOYE	R IDEN			(4.) m						
OFS COMPANY ID					N.			OYER N		OFFICE	_				
AC16425					N	ashville				OFFICE	-				
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CO	DDE
5846 Crossings E	Bouleva	ard					N/	ASHVIL	LE			TN		3701	13
SECTION C - HE	EADQU	ARTE	RS OR	ESTAF	BLISHN	AENT-I	LEVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
QP16730							Dania	a Beach	n FL						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADI	RESS				C	ITY/TOV	VN			STATE		ZIP CO	DDE
2363 Stirling	Road						DAN	NIA BE	ACH			FL		3331	12
	CECTI	OND	EMDI	OVED	IDENT	CIEICA	TIONA	HIMDE	D (FIN	`					
	SECII	UN D -	· ENIF	LOYER	952920		HONN	UNIDE	K (LIIV	,					
		SECTION	ON E -	- EMPL			ELIG	BILIT	Y						
X YES (Employer Is Eligible	ble to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
SEC															
VEC (Single Establishm	Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
	nment Employer is Federal Contractor)														
☐ YES (H	(Headquarters is Federal Contractor)														
		□ Y	ES (O	ne or Me	ore Non	-Headqı	arters E	Establish	ments i	s Federa	al Contr	actor)			
				ON G - 1											
	423	140 - N	otor V	ehicle F	Parts (L	Ised) M	erchant	Whole	salers						
	SE	CTION	N H – V	VORKE	ORCE										
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				a		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	_	ija Isla	nerican Indian Alaska Native	ž		eric	_	iiia Isla	nerican Indian Alaska Native	ž	Row Total
	Male	Female	White	ck or Afric American	Asian	is is	عَ عَ	ore	White	Black or	Asian	ii 🦠	≟ ž	ore	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	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 Selectives	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	3 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 2024 REPORTING YEAR TOTAL	1	0	3	2	0	0	0	0	0	0	0	0	0	0	6

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
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		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C – HI	EADOU	ARTEI	RS OR	ESTAB	LISHN	/ENT-I	EVEL	IDENT	IFICA'	TION (it	f applica	able)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
QP16752						Hicksy	ille NY	- APO	Long Is	sland					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
600 W John St, S							HIC	CKSVIL	LE			NY		1180	
<u> </u>			EMPI			TIFICA'	TION N	UMBE	R (EIN)					
		SECTIO	ON E -		952920 OYER	557 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	IN BUS	INESS		
SEC	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable hment Employer is Federal Contractor) VES (Multi-Establishment Employer is Federal Contractor)														
	Unique Entity ID (UEI): Not Applicable shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	(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 (H	YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment 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)														
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	4231					Ised) M			salers						
						DEMO									
							Race/E		•						
		anic					Not	Hispan	ic or L	.atino					
	or La	atino			M	ale				1	Fen	nale			
				_		Native Hawaiian or Other Pacific Islander	or	ses		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 Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	Ф	Female	ţ.	ck or Afric American	J.	vaii	Ind	re	te te	Black or	Ę	Vaii	Ind	<u>ē</u>	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	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 Sales Workers	0	1	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 2024 REPORTING YEAR TOTAL	2	1	0	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2023 REPORTING YEAR TOTAL	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO.	N REI	PORT (EEO-	1 COM	PONE	NT 1)							
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		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID															
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOW	VΝ			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE			TN		370°	13
_			RS OR	ESTAR	RLISHN	MENT-I	EVEL	IDENT	IFICA'	TION (i	fannlica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	E. ID Q C		ub or	LOTIT								1010)			
QP16774							Fort	Myers	FL						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADI	DRESS				C	ITY/TOW	/N			STATE		ZIP CC	DDE
3919 Fowle	er St						FOI	RT MYE	ERS			FL		3390	01
	SECTI	ON D -	- EMPI				TION N	UMBE	R (EIN)					
		SECTION	ON E -				G ELIG	BILITY	Ϋ́						
X YES (Employer Is Eligible	e to File)	□NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LOI	NGER I	IN BUS	INESS		
SE	CTION								if applic	able)					
☐ YES (Single-Establishm	nent Emp		_	-					nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (1	Headqua	rters is l	Federal	Contrac	tor)	YES (N	Von-Hea	dquarter	s Establ	ishment	is Feder	al Contr	ractor)		
		□ Y	ES (O	ne or Mo	ore Non	ı-Headqı	arters E	Establish	ments i	s Federa	l Contra	actor)			
	423								salers						
					B/	lala	Not	Hispan	ic or L	atino	Гон	nala			_
	Of La	atino			IV	lale					rei	naie			1
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or ther Pacific Islander	American Indian or Alaska Native	Fwo or More Races	White	Black or African American	Asian	Native Hawaiian or ther Pacific Islander	American Indian or Alaska Native	Fwo or More Races	Row Total
Frequetive/Conjunt ovel Officials and Managers		0	0							0	0	_	0		0
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 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
Administrative Support Workers										_					0
Craft Workers Operatives															2
Laborers and Helpers	SECTION D - EMPLOYER ILENTIFICATION (if applicable)														0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	2	0	1	0	0	0	0	0	1	0	0	0	0	0	4
PRIOR 2023 REPORTING YEAR TOTAL	0	0	3	0 WODK	0 EODC	0 E CNIAD	0	0	1	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

2024 EMILOTER	INFORMATION REPORT (EE	CO-I COMPONENT I)	Expiration	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													
ADDRES	CITY/TOWN	STATE	ZIP CODE										
5846 Crossin	gs Boulevard	NASHVILLE	TN	37013									
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE										
QP16785		Adel GA											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
315 Indust	rial Park Dr	ADEL	GA	31620									
		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

		201101		OKIKI			Race/E								
	Hisn	anic						Hispan		atino					
		atino			М	ale	1101	mopun		uu	Fen	nale			
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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	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	2	3	0	0	0	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 2024 REPORTING YEAR TOTAL	0	0	3	4	0	0	0	0	2	0	0	0	0	0	9
PRIOR 2023 REPORTING YEAR TOTAL	0	0	8	3	0	0	0	0	2	2	0	0	0	0	15

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	COM	PONE	NT 1)					ration Dat		
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		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	IN-C	ORPO	RAIE	OFFICE					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE.			TN		370′	13
SECTION C - H	EADOU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	TFICA'	ΓΙΟΝ (i	f applica	able)	U		
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL					
QP16831							Wh	eeling	IL						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	DRESS				CI	TY/TOV	VN			STATE		ZIP CC	DDE
747 Glenn	Ave						WI	HEELIN	NG			IL		6009	90
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN)					
	;	SECTIO	ON E -	EMPL			ELIGI	BILIT	Y						
X YES (Employer Is Eligibl	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)														
SE	CTION							TION (if applic	able)					
— ****															
YES (Single-Establishr	Unique Entity ID (UEI): Not Applicable ablishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)														
YES (shment Employer is Federal Contractor)														
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		atino			M	ale		•			Fen	nale	_		
						. 5									
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		än		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	_
JOB CATEGORIES		ø)		Black or African American		iiiai Isla	nerican Indian 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	Na Na	ore	White	Black or	Asian	ic	i s	ore	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	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	0	0	0	0	0	0	1	0	0	0	3		
Laborers and Helpers	0	1	1	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 2024 REPORTING YEAR TOTAL	1	1	4	0	0	0	0	0	2	0	0	0	0	0	8
PRIOR 2023 REPORTING YEAR TOTAL	1	1	4	0	0	0	0	0	2	0	0	0	0	0	8

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	t'ORM	ATIO	N REI	ORT (EEO-1	I COM	PONE	NT 1)					ation Dat		
				TION A BLISHN				RT							
		SECT	ION E	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings I	Souleva	ırd						SHVIL				TN		370	
														370	10
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	ARTE	RS OR							ΓΙΟΝ (11 Γ-LEVEL		able)			
					пеарс	UAKTEI				I-LEVEL	NAME				
QP16851								lluth Mi							
HEADQUARTERS OR ESTABLISHME		EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
4418 Grand	Ave							ULUTI	Н			MN		5580)7
	SECTION	ON D -	EMPI		IDENT		TION N	UMBE	R (EIN)			l		
	•	SECTION	ON E -	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Empl	over Is N	Int Elio	ible to F	ile) 🗖	EMPL	OVER	NO LON	IGER I	N BUS	INESS		
											TOLK	a v B c b.	LILEDS		
SEC	CTION			tity ID (TION (1	if applic	able)					
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☐ YES (Single-Establishm	ent Emp	loyer is	Federa	I Contrac	ctor) 🔛	YES (I	Multi-Es	tablishm	nent Em	ployer is	Federa	I Contra	ctor)		
YES (H	Ieadquai	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
	_	Пν	ES (O	a or Mo	ora Mon	Handay	ortore F	ctablich	mante i	s Federa	1 Contro	actor)			
									ments i	s redera	Conu	actor)			
	4231			ON G - I ehicle P					ealere						
				VORKE											
	- 52	01101	, ,	. 011111	ORCE		Race/E								
	Hisp	anic						Hispan	•	atino					
	or La				М	ale	1101	пораг			Fen	nale			
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				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		fric	_	aiia Isla	dia ativ	8		or eri	_	lis is	dia ativ	2	Total
	Male	Female	White	ck or Afric American	Asian	Ei 🥉	Ξž	ore	White	Black or	Asian	i	nerican Indian Alaska Native	ore	Iolai
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Executive/Senior Level Officials and Managers		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	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2024 EMPLOYER INI	OKM	AHO	NKEI	OKI (EEO-	COM	PONE.	N I 1)					ation Dat		
				TON A		-	-								
				BLISHN											
OFG COMPANY ID		SECT	ION B	– EMP	LOYE	R IDEN			A 3 45						
OFS COMPANY ID AC16425					N	achvilla		OYER N		OFFICE					
					IN	asiiviile				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	
5846 Crossings E								SHVIL				TN		3701	13
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	QUARTE				Γ-LEVEL	NAME				
QP16914								son City							
HEADQUARTERS OR ESTABLISHME		EL ADD	RESS					TY/TOW				STATE		ZIP CO	
1501A Legior	Lane						JEFFE	ERSON	I CITY			MO		6510	01
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPL	952920 OYER		ELIGI	BILITY	Y						
X YES (Employer Is Eligible										NO LO	NGER I	IN BUSI	INESS		
SEC	CTION			L CONT				TION (i	if applic	able)					
		Uni	que En	tity ID (UEI):	Not App	licable								
☐ YES (Single-Establishm	ent Emp	loyer 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	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		\square 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							
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	SE	CTION	H – V	VORKF	ORCE										I
	Hisp	anic					Race/E	Hispan	•	atino					
	or La				М	ale	NOL	ilispaii	lic or L	atiiio	Fer	nale			
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				_		Native Hawaiian or Other Pacific Islander	ō	ses		<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 Other Pacific Islande	American Indian Alaska Native	Two or More Races	Row
JOB GATEGORIES	<u>e</u>	Female	te	ck or Afric American	an	kai ic Is	Ind	re	te	Black or	an	kai ic Is	Ind Nat	<u>ē</u>	Total
	Male	em	White	or	Asian	Ha	an ka	Мо	White	acl A r	Asian	Ha	ka	€	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-	1 COM	PONE	NT 1)					ation Dat		
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						R IDEN									
OFS COMPANY ID		BECI	IOIVI	- 151411	LOIL	K IDEA		OYER N	AME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS								TY/TOV				CTATE		ZIP CC	DE
												STATE			
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
QP16941							Texa	arkana	TX						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADD	RESS				CI	TY/TOV	VN			STATE		ZIP CC	DE
622 Texas	Blvd						TEX	XARKA	NA			TX		7550)1
	SECTI	ON D -	EMPI		IDEN'	ΓΙΓΙCA'	TION N	UMBE	R (EIN)			I		
		SECTIO	ON E -			FILING	ELIGI	BILIT	Y						
X YES (Employer Is Eligible					_		_			NO LON	NGER I	N BUS	INESS		
											TOLK		LILEDO		
SE	CHON					OR DE		HON (п аррис	abie)					
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☐ YES (Single-Establishm	ient Emp	noyer is	Federa	I Contrac	ctor)	YES (F	viuiti-Es	tabiisnn	ient Em	pioyer is	Federa	I Contra	ctor)		
YES (I	Headqua	rters is I	Federal	Contrac	tor) 🔲	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
		Пу	ES (O	ne or Mo	ore Non	-Headau	arters E	stablish	ments i	s Federa	1 Contra	actor)			
						INFOR									
	423					Jsed) M			salers						
						DEMO									
							Race/E	thnicit	у						
	Hisp	anic						Hispan		atino					
	or La	atino			M	lale					Fen	nale			
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				_		Native Hawaiian or Other Pacific Islander	ō	es		ے		Native Hawaiian or Other Pacific Islander	ō	es	
IOD OATEOORIEO				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>	Q.	ck or Afric American	_	aii	ndi Iati	e F	ø	or	_	aii	ndi Iati	ē	Total
	Male	Female	White	or A eric	Asian	a ≓ic a	n a N	Nor	White	Black or an Amer	Asian	a ≓ië	n a N	آو	
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				В		P S	An	≥		¥		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	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	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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2002 REPORTING VEAR TOTAL	0	0	F	^	0	0	0	0	C	C	0	0	0	0	-
PRIOR 2023 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER	INFORMATION REPORT (EE	O-1 COMPONENT 1)		n 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 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE													
ADDRES	CITY/TOWN	STATE	ZIP CODE										
5846 Crossin	gs Boulevard	NASHVILLE	TN	37013									
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
QP16950		Grand Prairie TX - 3520											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
3100 Roy Orr I	Blvd, Suite 100	GRAND PRAIRIE	TX	75050									
		ENTIFICATION NUMBER (EIN) 920557											
		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/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	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	5	0	1	0	0	0	0	0	1	1	0	0	0	0	8
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	5	0	2	0	0	0	0	0	1	1	0	0	0	0	9
PRIOR 2023 REPORTING YEAR TOTAL	4	0	2	0	0	0	0	0	2	1	0	0	0	1	10

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2024 EMI LOTEKT	M OKW	AHO	N KEI	OKI (EEO-	COM	I ONE.	111)				Expir	ation Dat	e: 11/30/	2026									
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		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION																
OFS COMPANY ID								OYER N	AME															
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE														
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE									
5846 Crossing	s Bouleva	ard					NA	SHVIL	LE			TN		3701	13									
SECTION C - 1	HEADQU	ARTE	RS OR									ıble)												
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTEI				Γ-LEVEL	NAME													
QP17005								k - Oma																
HEADQUARTERS OR ESTABLISH		EL ADE	RESS					TY/TOW																
1945 SW	5th St						L	INCOL	N			NE		6852	22									
	SECTI	ON D -	EMPI		IDEN ⁷ 952920	FIFICA' 0557	TION N	UMBE	R (EIN)														
X YES (Employer Is Eligit						FILING				NO LON	NGER I	N BUS	INESS											
	ECTION																							
-	3011011					Not App			пррп	4010)														
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)											
□ves	- (Headana	rtere is I	Sederal	Contrac	tor)	VFS (N	on_Head	lanarter	c Ectabl	ichment	ic Feder	al Contr	actor)											
	(Headqua							_					actor)											
	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																							
	423					Jsed) M			salers															
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA															
							Race/E																	
		anic			N/	lala	Not	Hispan	ic or L	atino	Eon	nala												
	Or La	atino			IV	lale					Fen	naie												
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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		an	ive	Sac	Row									
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1									
Professionals	0	0	0	0	0	0	0	0	0	0	_			0	0									
Technicians	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										
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	STATE ZIP CODI NE												
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 2024 REPORTING YEAR TOTA	L 0	0	1	0	0	0	0	0	0	0	0	0	0	0	1									
PRIOR 2023 REPORTING YEAR TOTA	L 0	0	1	0	0	0	0	0	0	0	0	0	0	0	1									

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ration Dat		
				TION A											
			ESTA	BLISHN	/ENT-	LEVEL	REPOF	RT							
		SECT	ION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings I	Bouleva	ard					N/	ASHVIL	LE			TN		370	13
SECTION C - HI	EADOU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (it	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD(UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
QP17016						N	linneap	olis MN	I - APC)					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
1715 Broadwa								INEAPO				MN		554	13
			EMDI	OVED	IDEN	PIETO A				n.					
	SECII	ON D -	ENIP	LOYER	1DEN .		HONN	NUMBE	K (EIIV)					
				EMPL											
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															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <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)															
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 (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)															
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JOB CATEGORIES	0	<u>e</u>	ø	ck or Afric American	_	aiis	American Indian Alaska Native	9	ø	or	u	aii	American Indian Alaska Native	Б	Total
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						_									
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	1	0	0	0	0	0	0	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	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 Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	1	2	0	0	0	0	0	0	0	0	0	0	0	4
PRIOR 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	1	0	0	0	0	0	0	3
		SECTIO	NI –	WORK	FORC	ESNAP	SHOT	PERIO	Ď.		1				

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)															
				TON A				rT															
		SECT	TON B	– EMP	LOYE	R IDEN																	
OFS COMPANY ID								OYER N															
AC16425					N	ashville	IN - C	ORPO	RAIE	OFFICE													
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE								
5846 Crossings I	3ouleva	ard					NA	SHVIL	LE			TN		3701	13								
SECTION C - HI	EADOU	ARTEI	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	TION (it	f applica	able)											
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,											
QP17038						L	as Veg	as NV	- APO														
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE								
4129 West Deser								S VEG				NV											
			EMPI	LOYER)													
	952920557 SECTION E – EMPLOYER FILING ELIGIBILITY igible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable																						
X YES (Employer Is Eligible	to File)	□NO	(Emple	oyer Is N	lot Eligi	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS										
SEC	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)													
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☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federal	l Contra	ctor)										
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JOB CATEGORIES	o o	<u>e</u>	ø,	ck or Afric American	u	aiis S Isl	ndi. Iati	e R	ø	or	u	aiii	ndi. Iati	e R	Total								
	Male	Female	White	or A eric	Asian	a iii a	ın lı a N	/lor	White	Black or an Amer	sia	ii a	l l	Лor									
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0		0								
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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1 0								
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	STATE ZIP CODE 37013 if applicable L NAME STATE NV 89102 STATE NV 89102 STATE NV 89102 STATE NV 89102 STATE NV 89102 STATE NV 89102 STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE NV STATE												
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			0								
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0								
CURRENT 2024 REPORTING YEAR TOTAL	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2								
PRIOR 2023 REPORTING YEAR TOTAL	2	0	2	0	0	0	0	0	0	0	0	0	0	0	4								

SECTION I – WORKFORCE SNAPSHOT PERIOD

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												OMB Control Number: 3046-0049 Expiration Date: 11/30/2026				
						E OF RI LEVEL I										
	SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID	EMPLOYER NAME Nashville TN - CORPORATE OFFICE															
AC16425																
ADDRESS CITY/TOWN												STATE				
5846 Crossings E			NA	SHVIL	LE		TN	13								
SECTION C - HE	EADQU	ARTEI	RS OR									ble)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME					
QP17051							V	ista CA	ı							
HEADQUARTERS OR ESTABLISHME												STATE		ZIP CO		
1265 Distribution				VISTA				CA		31						
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)																
			-			Not App										
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor) 🔲	YES (N	Multi-Es	tablishn	ent Em	ployer is	Federal	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 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers																
SECTION H – WORKFORCE DEMOGRAPHIC DATA																
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	or Latino			1	M	Male				I	Fen	Female				
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				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	_	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
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 Operatives	2	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 2024 REPORTING YEAR TOTAL	4	1	1	0	0	0	0	0	0	0	0	0	0	0	6	
PRIOR 2023 REPORTING YEAR TOTAL	4	1	0	0	0	0	0	0	0	0	0	0	0	0	5	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												OMB Control Number: 3046-0049 Expiration Date: 11/30/2026				
						E OF RI LEVEL I		RT								
SECTION B – EMPLOYER IDENTIFICATION																
OFS COMPANY ID	EMPLOYER NAME Nashville TN - CORPORATE OFFICE															
AC16425																
ADDRESS CITY/TOWN 5846 Crossings Boulevard NASHVILLE											STATE					
5846 Crossings Boulevard NA: SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL I												TN		3701	13	
SECTION C - HI HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR							ΓΙΟΝ (i: Γ-LEVEL		ıble)				
QP17084					TILADQ		North F			I-LEVEL	INAME					
HEADQUARTERS OR ESTABLISHMI	NT-I EV	/FL ADD	DRESS		- 1						-	STATE	1	ZIP CO	DE	
6517 Lankersh			KLSS			CITY/TOWN NORTH HOLLYWOOD)6		
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																
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0 2	
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	1	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	
CURRENT 2024 REPORTING YEAR TOTAL	5	1	2	0	0	0	0	0	0	0	0	0	0	0	8	
PRIOR 2023 REPORTING YEAR TOTAL	5	1	2	0	0	0	0	0	0	0	0	0	0	0	8	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
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OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings E	Bouleva	ard					N/	ASHVIL	LE			TN		370 ⁻	13
SECTION C – HE			DC OD	ESTAB	ot ichi	AENT I				TIONG	fannlia	oblo)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	ADQC	AKIL	NO OK							T-LEVEL		abie)			
QP17104							Co	rona C	Α						
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X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER	IN BUS	INESS		
SEC	CTION	F-FE	DERA	L CONT	ΓRACT	OR DE	SIGNA	TION (if applic	cable)					
	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	ment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
□ vec (t	Headquarters is Federal Contractor)														
L IES (F	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	0	0	0	0	0	0	0	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	2	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 Operatives	2	0	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 2024 REPORTING YEAR TOTAL	4	1	0	0	0	0	0	0	2	0	0	0	0	0	7
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PRIOR 2023 REPORTING YEAR TOTAL	5	1	0	0	0	0	0	0	2	0	0	0	0	0	8

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER INI	FORM	ATIO	N REI	PORT (EEO-1	COM	PONE	NT 1)					ontrol Nur ation Dat		
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		SECT	ION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105	_				
AC16425					N N	asnville				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CO	
5846 Crossings E	Bouleva	ırd					NA	SHVIL	LE			TN		3701	13
SECTION C - HE	EADQU	ARTEI	RS OR									ble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME				
QP17115								dral Cit	,						
HEADQUARTERS OR ESTABLISHME		EL ADD	RESS					TY/TOW				STATE		ZIP CO	
36-055 Catheo	dral Dr						CATH	EDRAL	CITY			CA		9223	34
	SECTI	ON D –	EMPI		IDENT 952920	TIFICA' 557	TION N	UMBE	R (EIN)					
						FILING									
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	Not Eligi	ible to F	ile) 🔲	EMPLO	OYER	NO LO	NGER I	N BUSI	INESS		
SEC	CTION					OR DE		TION (i	if applic	able)					
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☐ YES (Single-Establishme	ES (Headquarters is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
TYES (H	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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	4231					sed) M			salers						
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				a		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		iiai Isla	dia	Ra		Black or African American		iiai Isla	nerican Indian Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals 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 Operatives	2	0	0	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 2024 REPORTING YEAR TOTAL	4	1	0	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	5	1	0	0	0	0	0	0	0	0	0	0	0	0	6

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
						E OF RI		_							
						LEVEL I									
OFS COMPANY ID		SECT	TON B	– EMP	LOYE	R IDEN		OYER N	AME						
AC16425					N	ashville				OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C – HI	EADQU	ARTEI	RS OR									ıble)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI				Γ-LEVEL	NAME				
QP17126								ncord C					1		
HEADQUARTERS OR ESTABLISHME 2666 Willow P			ORESS					TY/TOW ONCOR				STATE		ZIP CO 9451	
												CA		940	9
	SECTI	ON D -	EMPI		1DEN 1 052920	FIFICA' 557	IION N	UMBE	R (EIN)					
						FILING									
X YES (Employer Is Eligible											IGER I	N BUSI	NESS		
SEC	CTION					OR DE		ΓΙΟΝ (i	if applic	able)					
VFS (Single-Establishm	ent Emn		-	-				tablichm	ent Em	nlover ic	Federal	l Contra	ctor)		
	(Headquarters is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) WES (Non-Headquarters Establishment is Federal Contractor)														
L YES (F	(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	I H – V	VORKF	ORCE	DEMO	GRAPE	IIC DA	TA						
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				_		or	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 or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB GATEGORIES	Male	Female	ite	ck or Afric American	Asian	wai ic Is	Ind Nat	ore.	White	Black or an Amer	an	wai ic Is	Ind Nat	ore.	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	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	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
PRIOR 2023 REPORTING YEAR TOTAL	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
				TON A				T.							
		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					N	ashville	IN - C	ORPO	RATE	OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CC	DE
5846 Crossings I	Bouleva	ırd					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADQU	ARTEI	RS OR									able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
QP17148							Garde	n Grov	e CA						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
13772 Harbo	r Blvd						GARE	DEN G	ROVE			CA		9284	13
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN)					
	5	SECTIO	ON E -	EMPL			ELIGI	BILIT	Y						
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	lot Eligi	ible to F	ile)	EMPL	OYER	NO LO	IGER I	IN BUSI	NESS		
SEC	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-Establishm	hment Employer is Federal Contractor)														
TYES (F	S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
_ `	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	4231			ehicle P					salers						
	SE	CTION	V H – V	VORKF	ORCE										
							Race/E								
	Hisp					lala	Not	Hispan	ic or L	atino.	Fan	nala			
	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
	×	Fer	×	Black o	As	ative Ha	mericar Alaska	vo or M	×	Blac Vfrican A	As	ative Ha	mericar Alaska	vo or M	
						Ζŏ	٩	F				Zδ	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	1	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	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 Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	3	3	0	0	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2023 REPORTING YEAR TOTAL	5	3	0	0	0	0	0	1	0	0	0	0	0	0	9

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
				TON A				rT				1			
		SECT	TON E	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	IN - C	ORPO	RAIE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings E	3ouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HE	EADQU	ARTEI	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME				
QP17150							Los A	ngeles	CA						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
5470-78 W Pio	co Blvd						LOS	ANGE	LES			CA		9001	19
	SECTI	ON D -	EMPl		IDENT 952920		TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPL			ELIGI	RILITY	V						
X YES (Employer Is Eligible										NO LO	NGER I	IN BUS	INESS		
	CTION			-											
SEC.	711011							11011 (паррпс	uoic)					
VES (Single-Establishm	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) TYES (Non-Headquarters Establishment 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) SECTION G – NAICS INFORMATION														
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				_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		Ę		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 Other Pacific Islan	American Indian or Alaska Native	Rac	Row
JOB CATEGORIES	<u>o</u>	Female	ţ.	ck or Afric American	иĸ	kai C Is	Ind Nat	rel	te	Black or	r L	kai c Is	Ind	rel	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	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 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	8	1	0	0	0	0	0	1	0	0	0	0	0	0	10

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
			SECT	TION A	- TYP	E OF RI	EPORT	ı						-	
			ESTA	BLISH	MENT-	LEVEL	REPOF	RT							
		SECT	TION I	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					N	lashville	IN - C	ORPO	RAIE	OFFICE					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	ASHVIL	LE			TN		370′	13
SECTION C - H	EADQU	JARTE	RS OR	ESTAE								able)	'		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADO	QUARTE				Γ-LEVEL	NAME				
QP17194							Bake	ersfield	CA						
HEADQUARTERS OR ESTABLISHM	ENT-LE	VEL ADE	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
2530 Chester	Avenue	Э					BAK	ERSFI	ELD			CA		9330	01
	SECT	ION D -	- EMPl	LOYER			TION N	NUMBE	R (EIN)					
		SECTIO	ON F -	- EMPL	952920 OVER		r FI ICI	RII IT	v						
X YES (Employer Is Eligibl										NO LOI	NGER I	IN BUS	INESS		
				L CONT											
				ntity ID (**	,					
 ■ YES (Single-Establishment Employer is Federal Contractor) ■ YES (Multi-Establishment Employer 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)															
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							Race/E		•						
		panic					Not	Hispan	ic or L	.atino					
	or L	atino		I	IV.	lale				I	Fer	nale			
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				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	Races	D
JOB CATEGORIES		ø		Black or African American	_	ls is	nerican Indian Alaska Native	, R		eric	_	ls is	American Indian Alaska Native	, R	Row Total
	Male	Female	White	ck or Afric American	Asian	fic 3	Ξž	ore	White	Black or	Asian	#ic aw	ΞŽ	Two or More	Iotai
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	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	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 Operatives	0	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 2024 REPORTING YEAR TOTAL	2	2	0	1	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	3	2	0	0	0	0	0	0	0	0	0	0	0	0	5
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
			SECT	TION A	- TYP	E OF RI	EPORT							-	
			ESTA	BLISH	MENT-	LEVEL	REPOF	RT							
		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					N	lashville	IN-C	ORPO	RATE	OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	SHVIL	LE			TN		370′	13
SECTION C - H	EADQU	JARTE	RS OR	ESTAE								able)	'		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADO	QUARTE				Γ-LEVEL	NAME				
QP17302							Pad	coima C	A						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	VEL ADE	RESS				C	TY/TOV	VN			STATE		ZIP CC	DDE
12882 Pierce	Street						Р	ACOIN	IA			CA		9133	31
	SECTI	ION D -	EMP			ΓΙFICA'	TION N	UMBE	R (EIN)	· ·		ı		
		SECTION	ON E -		952920 OYER	557 FILING	ELIG	BILIT	Y						
X YES (Employer Is Eligibl										NO LOI	NGER I	IN BUSI	INESS		
						OR DE									
~_						Not App		(
☐ YES (Single-Establishr	nent Em	ployer is	Federa	l Contra	ctor)	YES (Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ 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)															
L IES	☐ 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) SECTION G − NAICS INFORMATION 423140 - Motor Vehicle Parts (Used) Merchant Wholesalers															
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				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		än		Native Hawaiian or Other Pacific Islander	n or	Races	_
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals 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	1	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	1	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 2024 REPORTING YEAR TOTAL	2	1	2	0	1	0	0	0	0	0	1	0	0	0	7
PRIOR 2023 REPORTING YEAR TOTAL	2	0	2	0	1	0	0	0	0	0	1	0	0	0	6
I MON 2023 NECONTING TEAN TOTAL				WODK							•		,		

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2024 EMPLOYER IN	FORM	AHO	N KEI	OKI (EEO-	I COM	PONE	N1 1)					ation Dat		
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OFS COMPANY ID		5201	10111		2012			OYER N	AME						
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard						SHVIL				TN		3701	
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SECTION C – H HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKILI	KS UK							Γ-LEVEL		ibie)			
QP17313					`		Seattle								
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			EMPI	LOYER	IDEN	ΓΙFICA)					
		SECTIO	ON E -	EMPLO	052920 OYER		ELIGI	BILITY	Y						
XYES (Employer Is Eligible										NO LON	NGER I	N BUS	INESS		
SE	CTION			L CONT				ΓΙΟΝ (i	if applic	able)					
—	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) YES (Multi-Establishment Employer 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 (I	Headquarters 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														
		S	ECTIO)N G – N	NAICS	INFOR	MATIO	N							
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							Race/E								
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	or La	atino		, ,	M	lale				1	Fen	nale			
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JOB CATEGORIES		o o		Black or African American		ijai	nerican Indian Alaska Native	Ra		Black or African American		ijai	nerican Indian Alaska Native	Ra	Row Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	1	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
Technicians 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	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 2024 REPORTING YEAR TOTAL	0	0	1	0	1	0	0	1	0	0	0	0	0	0	3
PRIOR 2023 REPORTING YEAR TOTAL	0	0	2	0	1	0	0	1	0	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME AC16425 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** TN 37013 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME QP17335 Anchorage AK HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 2375 E 63rd Avenue **ANCHORAGE** AK 99507 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) SECTION E - EMPLOYER FILING ELIGIBILITY

🔀 YES (Employer Is Eligible to File) 🗌 NO (Employer Is Not Eligible to File) 🔲 EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): Not Applicable

- ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)
 - ☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)
 - YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

423140 - Motor Vehicle Parts (Used) Merchant Wholesalers

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
							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	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	1	0	0	0	0	0	0	0	0	0	0	0	1
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 2024 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
PRIOR 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	1	1	0	0	0	0	0	4

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
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AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
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5846 Crossings I	Roulevs	ard						SHVIL				TN		370	
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SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR							ΓΙΟΝ (ii Γ-LEVEL		able)			
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SEC	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)														
□ V /EG (G: 1 E (1): 1	nment Employer is Federal Contractor)														
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	(Headquarters is Federal Contractor)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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	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	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 2024 REPORTING YEAR TOTAL	1	0	2	0	0	0	0	0	1	0	0	0	0	0	4
PRIOR 2023 REPORTING YEAR TOTAL	1	0	2	0	0	0	0	0	1	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER INI	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ation Dat		
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AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings E	Bouleva	ard						SHVIL				TN		370	
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SECTION C – HE HQ/ESTABLISHMENT-LEVEL UNIT ID	ADQU	ARTE	RS OR							TION (1: Γ-LEVEL		able)			
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		SECTIO	ON E -	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Empl	over Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUSI	INESS		
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	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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 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 2024 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
PRIOR 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REF	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Da		
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	SECTION E – EMPLOYER FILING ELIGIBILITY lle to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
X YES (Employer Is Eligible	ole to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
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														
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers **CURRENT 2024 REPORTING YEAR TOTAL** PRIOR 2023 REPORTING YEAR TOTAL

> SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	I COM	PONE	NT 1)					ation Dat		
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5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		370	13
SECTION C – HI			RSOR	ESTAB	LISHA	IENT-I	.EVEL	IDENT	IFICAT	rion (i	f annlica	hle)			
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QP17401						ADI	P Defau	ılt - Nas	shville 1	ΓN					
HEADQUARTERS OR ESTABLISHME	NT-LEV	/FL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DF
5846 Crossings I			TLESS					SHVIL				TN		370	
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	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 I	NO LO	NGER I	IN BUS	INESS		
SEC	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm	ent Emp	Unique Entity ID (UEI): Not Applicable Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)													
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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	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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURPENT 2024 PEPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/8/2024 - 12/21/2024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)
Updated from Chicago IL to Nashville TN

PRIOR 2023 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023
OMB Control Number: 3046-0049

2024 EMPLOYER IN	FUKM	AHO	N KEI	POKI (EEO-	I COM	PONE	N1 1)					ration Dat		
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ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N.A	ASHVIL	LE			TN		370	13
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (it	f applica	able)	l l		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
QP17412							Wi	ilmer T	X						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	DRESS				Cl	TY/TOV	VN			STATE		ZIP CC	DDE
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		SECTIO	ON E -	- EMPL	OYER	FILING	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	NGER I	IN BUS	INESS		
SE	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm	hment Employer is Federal Contractor)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	2	0	4	3	0	0	0	0	3	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 Administrative Support Workers	12 0	2	18 0	0	0	0	0	0	2	0	0	0	0	0	36 4
Craft Workers	10	0	4	1	0	0	0	0	0	0	0	0	0	0	15
Operatives	8	0	7	8	0	0	0	0	0	0	0	0	0	0	23
Laborers and Helpers Service Workers	6	1	0	9	0	0	0	0	0	0	0	0	0	0	18 1
CURRENT 2024 REPORTING YEAR TOTAL	38	5	35	22	0	0	0	2	7	0	0	0	0	0	
CURRENT 2024 REPURTING TEAR TOTAL	38	5	35	22	U	U	U	2	/	U	U	U	U	U	109
PRIOR 2023 REPORTING YEAR TOTAL	26	2	17	16	0	0	0	3	4	0	0	0	0	0	68

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER	INFORMATION REPORT (EE	CO-1 COMPONENT 1)		n 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		Nashville TN - CORPORATE OFFICE										
ADDRESS CITY/TOWN STATE ZIP CODE												
5846 Crossings Boulevard NASHVILLE TN 37013												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS 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) 920557										
	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

	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	6	0	0	0	0	0	1	0	0	0	0	0	7
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	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	3	0	0	0	0	0	5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	7	0	74	0	0	0	0	1	12	0	0	0	0	1	95
Laborers and Helpers	0	0	15	0	0	0	0	0	3	0	0	0	0	1	19
Service Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
CURRENT 2024 REPORTING YEAR TOTAL	7	0	108	0	0	0	0	1	22	0	0	0	0	2	140
PRIOR 2023 REPORTING YEAR TOTAL	3	0	114	1 WODK	0	0	0	0	28	0	0	0	0	0	146

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID

AC16425 Nashville TN - CORPORATE OFFICE ADDRESS CITY/TOWN STATE ZIP CODE 5846 Crossings Boulevard **NASHVILLE** TN 37013

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

QY99332 Missoula MT

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN ZIP CODE STATE 4041 Wippoorwill Dr Bldg C **MISSOULA** 59808 MT

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	у						
	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	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 2024 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 1221202

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	I COM	PONE	NT 1)					ation Dat		
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OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings I	Rouleva	ard						SHVIL				TN		370	
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HEADQUARTERS OR ESTABLISHME		EL ADE	RESS					TY/TOW				STATE		ZIP CC	
1250 W Liber	ty Ave						•	OZARK				MO		6572	21
	SECTION	ON D -	EMPI		IDENT		TION N	UMBE	R (EIN)	l .				
	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	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														
		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													
SEC	TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
—	TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
YES (Single-Establishm	Unique Entity ID (UEI): Not Applicable ent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
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Executive/Senior Level Officials and Managers		_	_		•	0	0	_			0		0	0	0
First/Mid-Level Officials and Managers	0	0	0 5	0	0	0	0	1	2	0	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	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	8	0	0	0	0	0	0	0	0	0	0	0	8
Laborers and Helpers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2024 REPORTING YEAR TOTAL	0	0	18	0	0	0	0	1	4	0	0	0	0	0	23
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
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AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
5846 Crossings	3ouleva	ard					NA	SHVIL	LE			TN		3701	3
SECTION C - H	EADOU	ARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (it	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		,			
QY99350							Oz	ark MC)						
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		SECTIO	ON E -		952920 OYER	557 FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible					-		_			NO LON	NGER I	IN BUS	INESS		
SEG	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)														
	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) TYES (Multi-Establishment Employer is Federal Contractor)														
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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 Alaska Native	Two or More Races	Row
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	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	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 2024 REPORTING YEAR TOTAL	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	NFORM	IATIO	N REI	PORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
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AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
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5846 Crossings	Bouleva	ard						SHVIL				TN		370	
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X YES (Employer Is Eligib		-		• EMPL over Is N	-		_			NO LON	NGER I	IN BUSI	INESS		
		CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable													
	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establish	nent Emp	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)													
	•	nent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)													
L YES	· · · · · · · · · · · · · · · · · · ·														
	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														
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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
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Executive/Senior Level Officials and Managers	0	0	4	0		0	0	0	0	0	0	0	0	0	4
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	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	4	0	4	0	0	0	0	0	2	0	0	0	0	10
Laborers and Helpers	1	2	3	0	0	0	0	0	0	1	0	0	0	0	7
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	_ 2	6	4	4	0	0	0	1	0	4	0	0	0	0	21
PRIOR 2023 REPORTING YEAR TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER INI	FORM	ATIO	N REF	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nui ation Dat		
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SECTION C – HE HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKILI	KS UK							Γ-LEVEL		ibie)			
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HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
3630 W Miller Rd,			11255					ARLAN				TX		750 4	
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	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 1	NO LON	IGER I	N BUS	INESS		
SEC	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)														
	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
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JOB CATEGORIES				Black or African American		Native Hawaiian or Ather 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
	Male	Female	White	ck or Afric American	Asian	waj	Inc Na	ore	White	Black or an Amer	Asian	waj	Na Na	ore	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3
DRIOR 2022 DEPORTING VEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
				TION A				?T				•			
		SECT	TON E	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					N	asnville				OFFICE					
ADDRESS								TY/TOW				STATE		ZIP CC	
5846 Crossings B	Bouleva	ard					NA	SHVIL	LE			TN		370′	13
SECTION C - HI	EADQU	ARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
QY99383							Pittsbur								
HEADQUARTERS OR ESTABLISHME			RESS					TY/TOW				STATE		ZIP CC	
5460 Campbells Rui	n Rd, S	uite A					PIT	TSBUR	RGH			PA		1520	05
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		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														
SEC	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	nent Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
TYES (H	ment Employer is Federal Contractor)														
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	4231			ehicle P					salers						
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							Race/E								
		anic atino			N/I	ala	Not	Hispan	ic or L	atino	Eon	nala			
	Of La	atino			IVI	ale					ren	nale			
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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	<u>e</u>	gy.	∖fri can	u	/aii	ndi: Iati	e R	g)	or	٦	/aiia	ndi Iati	e R	Total
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						Zg	▼	ŕ		,		Zg	⋖	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	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 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	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
CURRENT 2024 REPORTING YEAR TOTAL	1	0	3	0	0	0	0	0	0	0	0	0	0	0	4
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
				TON A		-	-				I				
				BLISHN											
OFS COMPANY ID		SECT	ION B	- EMP	LOYE	K IDEN		OYER N	AME						
AC16425					N	achvilla				OFFICE					
					IN	asiiviile				OFFICE		~~.	-		
ADDRESS								TY/TOW				STATE		ZIP CO	
5846 Crossings E	Bouleva	ard					N/	ASHVIL	LE			TN		3701	13
SECTION C - HE	CADQU	ARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
QY99394							Arlingto	on TX -	APO						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
2900 East Pioneer Parl	way, S	Suite 19	0				AR	LINGT	ON			TX		7601	10
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)	ı		I		
		OE COUL	NI E	EMPLO	052920		LELICI	DIL ITS	17						
X YES (Employer Is Eligible					_		_			NO LON	JCED I	INI DI ICI	INITES		
				-							NGEK I	IIN DUSI	IIVESS		
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)														
□ ** **********************************	shment Employer is Federal Contractor)														
☐ YES (H	shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
		Пу	ES (Ot	ne or Mo	re Non	-Headau	arters F	Establish	ments i	s Federa	1 Contra	actor)			
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		140 - M	otor V	ehicle P	arts (U	lsed) M	erchant	Whole							
	SE	CTION	I H – V	VORKF	ORCE										
							Race/E								
		anic				-1-	Not	Hispan	ic or L	atino.	F				
	or La	atino		1 1	IVI	ale	1	I		1	rer	nale	1 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
Funding (Carina Land Official and Manager	•		0				·	_			0		An		
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	2	1	0	0	0	0	0	0	0	0	0	0	0	0	3
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 2024 REPORTING YEAR TOTAL	2	1	1	0	0	0	0	0	0	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comment

PRIOR 2023 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	[ATIO]	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
						E OF RI									
						LEVEL									
OFS COMPANY ID		SECT	TION E	<u> </u>	LOYE	R IDEN		ATION OYERN	IAME						
AC16425					N	lashville				OFFICE					
ADDRESS								TY/TOV				STATE		ZIP CC	DDE
5846 Crossings B	Bouleva	ard					N.A	SHVIL	LE.			TN		370	13
SECTION C - HI	EADQU	JARTEI	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	'IFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE!				Γ-LEVEL	NAME				
QY99406								n TX - /							
HEADQUARTERS OR ESTABLISHME		/EL ADE	DRESS					TY/TOV				STATE		ZIP CC	
8305 Springd								AUSTIN				TX		7872	24
	SECTI	ON D -	· EMPl		IDEN ⁷ 952920	ΓΙΓΙCΑ΄ <mark> 557</mark>	TION N	UMBE	CR (EIN	D)					
						FILING									
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		
SEC	· · · · · · · · · · · · · · · · · · ·														
	ishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
_	shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
TYES (F	S (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														
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IOD CATEGORIES				Black or African American		an land	an	Sace		Black or African American		an (Sace	Row
JOB CATEGORIES	ø	ale	te	Afri	Ę	vaii	Indi	re F	ţ	ner	ڇ	vaii	Indi	re F	Total
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				ä		Native Hawaiian or Other Pacific Islande	American Indian Alaska Native	Two or More Races		Afr		Native Hawaiian or Other Pacific Islander	American Indian Alaska Native	Two or More Races	
						- 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
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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3
TOTAL TOTAL	_				, ,			, ,		, i	, ,				
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2024 EMPLOYER INI	UKM	AHO	N KEI	OKI (EEO-	I COM	PONE	N1 1)					ation Dat		
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		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N		055105					
AC16425					N	lashville	IN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CC	DDE
5846 Crossings E	Bouleva	ard					N/	SHVIL	LE			TN		370	13
SECTION C - HE	EADOU	ARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME	,			
QY99415						E	Elitek - I	Region	Admin						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				Cl	TY/TOW	/N			STATE		ZIP CC	DDE
5217 Tennyson Pkw								PLANC				TX		7502	
· · · · · · · · · · · · · · · · · · ·	• •		EMDI	OVED	IDEN	PIETO A				n.					
	SECTI	ON D -	EMP	LOYER	1DEN 952920		HON N	UMBE	K (EIN)					
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligible										NO LON	NGER I	N RUSI	INFSS		
				L CONT							TOLK	II Debi	LILEDS		
SEC	TION			tity ID (IION (I	п аррис	abie)					
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_ , ,	shment Employer is Federal Contractor)														
☐ YES (H	S (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														
				ehicle P											
	SE	CTION	H – V	VORKF	ORCE										I
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				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	lu c	Two or More Races	Row
JOB CATEGORIES		ø		ck or Afric American	_	ig Isl	nerican Indian Alaska Native	2		or eri	_	aiia Isla	nerican Indian Alaska Native	8	Total
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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	2	1	0	0	0	0	7
Professionals Techniques	0	0	4	1	0	0	0	0	1	1	0	0	0	0	7
Technicians Sales Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	0	0	0	0	0	0	1	1	0	0	0	0	3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	0	4	1	1	0	0	0	0	1	0	0	0	0	9
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0 6
CURRENT 2024 REPORTING YEAR TOTAL	6	3	12	3	1	0	0	0	5	5	0	0	0	0	35
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER INI	QY99424 Irving TX - KAO Operations HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 2900 State Highway 161, Suite 100 IRVING 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 LONG														2026
								RT.							
		SECT	ION E	B – EMP	LOYE	R IDEN									
AC16425					N	ashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
5846 Crossings E	Bouleva	ard					NA	SHVIL	LE			TN		370	13
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HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKILI	KS UK									ibie)			
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						11 VII			•	7113					
												STATE		ZIP CC	
2900 State Highway 1	161, Su	iite 100						RVING	j			TX		7503	38
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	D)					
X YES (Employer Is Eligible	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEC	CCTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : Not Applicable														
	Unique Entity ID (UEI): Not Applicable														
☐ VES (Single-Establishm	nent Employer is Federal Contractor)														
	ment Employer is Federal Contractor)														
☐ YES (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) SECTION G – NAICS INFORMATION														
		S	ECTIO)N G - 1	NAICS	INFOR	MATIO	N							
				ehicle P											
	SE	CTION	V H – V	VORKF	ORCE		-								ı
							Race/E								
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	or La	atino			IVI	ale				1	Fen	nale	1		
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JOB CATEGORIES		ø.		ric	_	ıiia Isla	dia	S.		or eric	_	ıiia Isla	dia	S.	Row Total
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				B		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Afr		Native Hawaiian or Other Pacific Islander	American Indian Alaska Native	Two or More Races	
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Executive/Senior Level Officials and Managers	1	0	2	0	0	0	0	0	0	0	0	0	0	0	3
First/Mid-Level Officials and Managers	4	0	10	2	0	1	0	0	2	0	0	0	0	0	19
Professionals	2	1	4	1	1	0	0	1	3	1	0	0	0	0	14
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	12 1	1	8	0	0	0	0	0	5	0	0	0	0	0	28 3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	15	0	10	26	0	0	0	1	1	1	0	0	0	0	54
Laborers and Helpers	27	8	9	15	13	0	0	3	3	2	1	0	0	0	81
Service Workers	0	3	1	2	0	0	0	0	0	2	0	0	0	0	8
CURRENT 2024 REPORTING YEAR TOTAL	62	14	45	46	15	1	0	5	14	7	1	0	0	0	210
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 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ation Dat		
			SECT	TION A	- TYP	E OF R	EPORT								
			ESTA	BLISH	MENT-	LEVEL	REPOR	RT							
		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CO	DE
5846 Crossings	Bouleva	ard					NA	ASHVIL	LE			TN		3701	13
SECTION C - H	EADQU	JARTE	RS OR	ESTAB	LISHN	MENT-I	EVEL	IDENT	IFICA'	TION (ii	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME	•			
T532037							TRW H	luntingt	on IN						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				Cl	TY/TOV	VN			STATE		ZIP CO	DE
3000 Yeoma	ın Way						HUH	NTING [*]	ΓΟΝ			IN		4675	50
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		SECTIO	ON E -			FILING	ELIGI	BILIT	Y						
X YES (Employer Is Eligibl	e to File)	□NO	(Empl	over Is N	Not Elig	ible to F	ile) \square	EMPL	OYER	NO LO	NGER I	IN BUSI	INESS		
	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SE	Unique Entity ID (UEI): Not Applicable														
VFS (Single-Establish	ument Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
	ment 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)														
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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 Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5 0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	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 57
Operatives Laborers and Helpers	0	0	46 5	0	0	0	0	0	8	0	0	0	0	0	57 5
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	56	0	0	0	0	2	14	0	0	0	0	0	73
PRIOR 2023 REPORTING YEAR TOTAL	1	1	56	0	0	0	0	2	13	0	0	0	0	0	73

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ation Dat		
			SECT	TION A	- TYP	E OF R	EPORT				I				
			ESTA	BLISH	MENT-	LEVEL	REPOF	RT							
		SECT	TON E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					N/	SHVIL	LE			TN		3701	13
SECTION C - H	EADOL	JARTE	RS OR	ESTAF	RLISHN	MENT-I	EVEL	IDENT	TFICA'	TION (i	f applica	able)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	011		HEADQ	QUARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME				
X245652						F	ontana	CA - K	eystone	Э					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	VEL ADI	ORESS				C	TY/TOV	VN			STATE		ZIP CC	DDE
15895 Valley Blvd	l, Suite	100					F	ONTAN	I A			CA		9233	35
	SECTI	ION D -	EMPI			ΓΙΓΙCA	TION N	UMBE	R (EIN)					
	-	SECTION	ON E -		952920 OYER	FILING	ELIG	BILIT	Y						
X YES (Employer Is Eligible		-			-		_			NO LO	NGER I	IN BUS	INESS		
SE	ECTION 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) 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)															
☐ 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														
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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 Alaska Native	Two or More Races	Row
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	2	1	0	0	0	0	0	0	0	0	0	0	0	1	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	4	3	1	0	0	0	0	1	1	0	0	0	0	0	10
Administrative Support Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers Operatives	0 23	0	0	1	0	0	0	0 2	0	0	0	0	0	0	0 26
Laborers and Helpers	18	2	3	2	1	1	0	2	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 2024 REPORTING YEAR TOTAL	48	6	5	3	1	1	0	6	1	0	0	0	0	1	72
PRIOR 2023 REPORTING YEAR TOTAL	35	7	6	2	0	2	1	4	3	0	0	0	0	1	61
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER I	NFORM	IATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nur ation Dat		
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OFS COMPANY ID		SECT	TON E	B – EMP	LOYE	R IDEN		ATION OYER N	AME						
AC16425					N	lashville				OFFICE					
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ADDRESS	Devilen							TY/TOV				STATE		ZIP CC	
5846 Crossings								ASHVIL				TN		370′	13
SECTION C - I	IEADQU	J ARTE	RS OR	ESTAB						ΓΙΟΝ (i: Γ-LEVEL		able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADÇ						NAME				
X245670						Hai	ethorpe			ım					
HEADQUARTERS OR ESTABLISH			DRESS					TY/TOV				STATE		ZIP CC	
4803 Hollins F								ETHO				MD		2122	27
	SECT	ION D -	- EMPI	LOYER	IDEN'1		TION N	UMBE	R (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)															
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															
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JOB CATEGORIES	ø	<u>a</u>	Q)	ck or Afric American	_	aiis	nerican Indian Alaska Native	6	ø	o Je	u	aii S IS	American Indian Alaska Native	ė	Total
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Executive/Senior Level Officials and Managers 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	1	0	5	1	0	0	0	0	1	2	0	0	0	0	10
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers Operatives	1	1	11	14	0	0	0	1	0	0	0	0	0	0	28
Laborers and Helpers	3	9	18	15	0	0	0	3	0	0	0	0	0	0	48
Service Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
CURRENT 2024 REPORTING YEAR TOTA	_ 6	10	40	30	0	0	0	4	7	2	0	0	0	0	99
PRIOR 2023 REPORTING YEAR TOTA	_ 8	9	43	37	0	0	0	1	8	2	0	0	0	0	108
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						1221202									

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2024 EWI LOTEKT	SECTION A – TYPE OF REPORT													e: 11/30/	2026	
				TON A - BLISHN				tT			'					
		SECT	TON B	- EMP	LOVE	R IDEN	TIFICA	TION								
OFS COMPANY ID		BLCI	10:11	Livii	LOIL	K IDEI		OYER N	AME							
AC16425					N	ashville				OFFICE						
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE	
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		3701	13	
SECTION C - 1	IEADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)	1			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMEN	Γ-LEVEL	NAME					
X245681							A	dsip IL								
HEADQUARTERS OR ESTABLISH	MENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE	
5100 W 123	Rd Street	İ						ALSIP				IL		6080)3	
	SECTI	ON D -	EMPI	LOYER	IDENT 052920		TION N	UMBE	R (EIN)			•			
				EMPLO	OYER	FILING										
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S	ECTION							ΓΙΟΝ (i	if applic	able)						
VEC (Single Establish	mont Emr	Unique Entity ID (UEI): Not Applicable nent Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
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☐ YES	(Headqua	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															
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	or La	atino			IVI	ale					Fen	nale				
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JOB CATEGORIES	ø	ale	ā	ck or Afric American	<u>u</u>	vaii	nerican Indian Alaska Native	ē	ā	Black or an Amer	⊑	vaii c Is	nerican Indian Alaska Native	ē	Total	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	1	0	4	1	0	0	0	0	3	1	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	4	1	10	0	0	0	0	1	0	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	1	0	0	0	0	0	0	33	
Operatives Laborers and Helpers	8 29	1	11 5	13 28	0	0	0	1	1	5	0	0	0	1	71	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2024 REPORTING YEAR TOTA		2	30	42	0	0	0	3	5	6	0	0	0	1	131	
PRIOR 2023 REPORTING YEAR TOTA	37	3	31	37	0	0	0	2	3	3	0	0	0	1	117	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	√FORM	IATIO.	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nul ration Dat		
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			ESTA	BLISH	MENT-	LEVEL	REPOR	RT							
_		SECT	TION I	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	lashville	TN - C	ORPO	RATE	OFFICE					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
5846 Crossings	Bouleva	ard					NA	SHVIL	LE			TN		370	13
SECTION C - H			RS OR	ESTAB	RLISHN	MENT-I	EVEL	IDENT	TFICA'	TION (it	fannlica	able)			
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1700 Westgate 1															
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		SECTION 1	ON F			FILING	FLICI	RH IT	v						
V VEC (Employee Is Eligib		-			-		_			NO LON	JCED I	INI DI ICI	INTEGE		
	le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Linguage Entity ID (LED): Not Applicable														
SI	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establish	blishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES	☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)														
	(Headquarters is Federal Contractor)														
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JOB CATEGORIES				Black or African American		ian Slaı	American Indian or Alaska Native	Ra		Black or African American		ian	American Indian Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers	+	0	4	_	_			0		0	0				4
First/Mid-Level Officials and Managers	0	0	4	3	0	0	0	1	3	1	0	0	0	0	1 12
Professionals	0	0	1	0	0	0	0	0	3	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	1	11	3	0	0	0	1	2	2	0	0	0	0	21
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12 0
Operatives	1	0	4	22	1	0	1	3	2	4	0	0	0	2	40
Laborers and Helpers	7	2	2	47	0	0	0	6	3	3	2	0	0	0	72
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	_ 9	3	25	76	1	0	1	12	17	14	2	0	0	2	162
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PRIOR 2023 REPORTING YEAR TOTAL	_ 16	7	26	68	1	0	1	12	21	20	2	0	0	5	179

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
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		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
AC16425					N	ashville	TN - C	ORPO	RATE (OFFICE					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
5846 Crossings I	Bouleva	ard					NA	SHVIL	LE			TN		3701	13
SECTION C - HI	EADOU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL					
X245717							M	iami FL							
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
11701 Nw 10	01 Rd						N	(EDLE	Y			FL		3317	78
	SECTI	ON D -	EMPI	LOYER	IDENT 952920		TION N	UMBE	R (EIN)					
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X YES (Employer Is Eligible		-			-		_			NO LON	NGER I	N BUSI	INESS		
	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEV	<u>Unique Entity ID (UEI)</u> : Not Applicable														
□ VFS (Single-Establishm	nent Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
	· ·														
☐ YES (F	(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)														
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JOB CATEGORIES	0	<u>e</u>	o o	vfri San	u	aii	ndia lati	e E	Ð	or Jeri	u	aii	ndi: Iati	e E	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0 4	0	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	13	0	1	2	0	0	0	0	0	0	0	0	0	0	16
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	22	1	1	1	0	0	0	0	0	0	0	0	0	0	25
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
CURRENT 2024 REPORTING YEAR TOTAL	58	3	3	3	0	0	0	0	0	0	0	0	0	0	67
PRIOR 2023 REPORTING YEAR TOTAL	61	3	4	2	0	0	0	0	0	0	0	0	0	0	70

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
			SEC	TION A	- TYP	E OF R	EPORT				I				
				BLISH											
OFG GOVERNAME		SECT	TION I	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID AC16425					N	lachville		OYERN		OFFICE	=				
					IN	asiiviile				OFFICE	_		1		
ADDRESS								ITY/TOV				STATE		ZIP CC	
5846 Crossings I								ASHVIL				TN		370′	13
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAB	BLISHN	MENT-I	LEVEL	IDENT	IFICA'	TION (i T-LEVEL	f applica	able)			
X822941					неарс		sas City				NAME				
HEADQUARTERS OR ESTABLISHME	NT-I FV	/FI ADI	DRESS			- Tours		ITY/TOV		1100		STATE		ZIP CC	DE
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	SECTI	UN D -	- ENIP		952920		HONN	NUMBE	K (EIIV	()					
	SECTION E – EMPLOYER FILING ELIGIBILITY														
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) Unique Entity ID (UEI): Not Applicable														
	Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establishm	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
TYES (F															
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JOB CATEGORIES		Ð	4	Black or African American	_	ajja Isla	nerican Indian Alaska Native	8	4	or eric	_	aiia Isla	nerican Indian Alaska Native	8	Row Total
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Executive/Senior Level Officials and Managers	3	0	6	0	0	0	0	0	0	1	0	0	0	0	4
First/Mid-Level Officials and Managers Professionals	0	0	4	1	0	0	0	0	2	0	0	0	0	0	13 7
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	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	3	0	13	9	0	0	0	0	0	0	0	0	0	1	26
Laborers and Helpers	4	2	4	15	2	0	0	0	1	6	0	0	0	1	35
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comment

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
				TION A				T.							
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OFS COMPANY ID							EMPL	OYER N	AME						
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5846 Crossings I	Rouleva	ard						SHVIL				TN		370	
														370	10
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	<u>eadqu</u>	ARTE	RS OR							ΓΙΟΝ (ii Γ-LEVEL		able)			
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HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	DRESS				CI	TY/TOW	VN			STATE		ZIP CC	
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	SECTION	ON D -	EMPI		IDENT		TION N	UMBE	R (EIN)			<u> </u>		
		SECTION	ON E -	EMPL			ELIGI	BILITY	Ÿ						
X YES (Employer Is Eligible		-			-		_			NO LON	NGER I	N RUS	INFSS		
				-							1GER I	II DOD	LITEDS		
SEC	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable pent Employer is Federal Contractor) VFS (Multi-Establishment Employer is Federal Contractor)														
_	ment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	ment Employer is Federal Contractor)														
TYES (H	(Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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				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		a)		Black or African American	_	aiia Isla	dia ativ	ě		or	_	ajia Isla	nerican Indian Alaska Native	8	Total
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Executive/Senior Level Officials and Managers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	1	0	4	0	0	0	0	0	1	0	0	0	0	0	6
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	1	0	0	0	0	7	0	0	0	0	0	10
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	9	0	0	0	0	0	9
Operatives	2	0	13	1	0	0	0	1	2	0	0	0	0	0	19
Laborers and Helpers	1	0	5	3	0	1	0	1	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 2024 REPORTING YEAR TOTAL	5	0	26	5	0	1	0	2	22	0	0	0	0	0	61
PRIOR 2023 REPORTING YEAR TOTAL	5	0	29	4	0	1	0	5	24	0	0	0	0	1	69

SECTION I – WORKFORCE SNAPSHOT PERIOD 12082024 - 12212024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)