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

2022 EMPLOYER IN	FORM	AHO	NKEI	OKI (	EEO-	COM	PONE.	N1 1)					ation Dat		
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		SECT	ION B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
7358524						POT	LATCH	CORP	ORATI	ON					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
601 WEST 1ST AVE	NUE, ST	ΓE 1600	)				SI	OKAN	ΙE			WA		9920	)1
SECTION C - H	EADOL	ARTE	RS OR	ESTAR	LISHN	IENT-I	EVEL.	IDENT	IFICAT	FION (if	fannlica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	Lilbye	7111111	NO OIL	LOTAL	HEADQ	UARTE	RS OR ES	TABLIS	HMENT	-LEVEL	NAME	ioic)			
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SECTION E – EMPLOYER FILING ELIGIBILITY  YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  SECTION E – EEDERAL CONTRACTOR DESIGNATION (if applicable)															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : ZNG6L9CAWLR5															
Unique Entity ID (UEI): ZNG6L9CAWLR5  ☐ 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)															
X YES (Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)															
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Executive/Senior Level Officials and Managers	0	0	7	0	0	0	0	0	3	0	0	0	0	0	10
First/Mid-Level Officials and Managers	1	1	63 94	0	0	0	2	1	17 42	2	<u>0</u>	0	0	1	85 145
Professionals Technicians	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Sales Workers	0	0	6	0	0	0	0	0	1	0	0	0	0	0	7
Administrative Support Workers	1	1	5	0	1	0	0	0	41	1	0	0	0	0	50
Craft Workers Operatives	3 18	3	268 277	24 130	0	1	4	6	5 43	5	0	0	3	0	307 491
Laborers and Helpers	3	3	123	27	0	0	4	0	43	4	0	0	1	2	210
Service Workers	0	0	6	0	0	0	0	0	2	0	0	0	0	0	8
CURRENT 2022 REPORTING YEAR TOTAL	27	8	851	182	2	2	13	9	197	15	1	0	4	4	1315
PRIOR 2021 REPORTING YEAR TOTAL															
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10/10/2022 - 10/23/2022

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

Not Applicable

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

#### SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

#### 

### CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

#### CERTIFICATION STATEMENT

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

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

### DATE OF CERTIFICATION 11/17/2023 5:22 PM [EST]

	• •
EMPLOYER'S CE	RTIFYING OFFICIAL
Name of Employer's Certifying Official	Title of Certifying Official
COURTNEY STOLP	REGIONAL HUMAN RESOURCES MANAGER
Email Address of Certifying Official	Telephone Number of Certifying Official
COURTNEY.STOLP@POTLATCHDELTIC.COM	509-835-1515
PRIMARY POINT OF CONTACT (POC	FOR EEO-1 COMPONENT 1 REPORTING
Name of Primary POC	Title and Employer of Primary POC
COURTNEY STOLP	REGIONAL HUMAN RESOURCES MANAGER
	POTLATCH CORPORATION
Email Address of Primary POC	Telephone Number of Primary POC
COURTNEY.STOLP@POTLATCHDELTIC.COM	509-835-1515

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

												Expir	ation Dat	e: 08/31/	2024
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OFS COMPANY ID 7358524						POT	EMPL LATCH	OYER N		ION					
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ADDRESS								TY/TOW				STATE		ZIP CO	
601 WEST 1ST AVEN	IUE, ST	E 1600	)				SI	POKAN	ΙE			WA		9920	01
SECTION C - HI	EADQU	ARTEI	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)			
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7358524					Р	OTLAT	CHDEL	TIC CO	ORPOF	RATION					
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SEC	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
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X YES (F	S (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 Administrative Support Workers	0	0	0	0	0	0	0	0	0	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
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SECTION I – WORKFORCE SNAPSHOT PERIOD

10102022 - 10232022

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

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

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7358524						POT	LATCH	CORP	ORATI	ON					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
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		SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Z .						
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	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): UNAVAILABLE														
_	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
☐ YES (Single-Establishm	Unique Entity ID (UEI): UNAVAILABLE hment 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	2	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2

SECTION I - WORKFORCE SNAPSHOT PERIOD

10/10/2022 - 10/23/2022

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

No Comments Provided

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

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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	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 2022 REPORTING YEAR TOTAL		0	4	0	0	0	0	0	0	0	0	0	0	0	4
CORRENT 2022 REPORTING TEAR TOTAL	-   U	U	4	U	U	U	U	U	U	U	U	U	U	U	4
PRIOR 2021 REPORTING YEAR TOTAL	_														

SECTION I – WORKFORCE SNAPSHOT PERIOD

10102022 - 1023202

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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7358524						POT	LATCH	CORF	ORAT	ION					
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE
601 WEST 1ST AVEN	IUE, ST	E 1600	)				S	POKAN	ΙE			WA		9920	01
SECTION C - H	EADOL	ARTEI	RS OR	ESTAB	LISH	MENT-I	EVEL	IDENT	TFICA'	TION (if	f annlic:	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	3.12 Q C		011							Γ-LEVEL					
NW87031						PFHI-F	PRESC	OTT W	OODL	ANDS					
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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	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 2022 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
PRIOR 2021 REPORTING YEAR TOTAL															
		SECTIO	DN I –	WORK	FORC	E SNAP	SHOT	PERIO	D	1 1		<u> </u>	I		1
				10102	022 -	1023202	22								
SECTION I	HEAD	DOLLA	TED	ODEC	TADI	ICHMEI	AT LEV	TEL CO	MME	NTC (ont	tional)				

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

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

2022 EMPLOYER IN	FORM	(ATIO	N REI	PORT (	EEO-1	COM	PONE	NT 1)					ontrol Nu ation Dat		
				TON A											
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
7358524						POT	LATCH	CORP	ORATI	ON					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
601 WEST 1ST AVE	NUE, ST	ΓE 1600	)				SI	POKAN	ΙE			WA		9920	)1
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	-LEVEL	NAME				
NW87213				F	PLL-WE	STERM	4 MOO	D PRO	DUCT	S ST M	ARIES				
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADI	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
2200 RAILRO							ST	MARII	ES			ID		8386	
	SECTI	ON D -	EMPI	OYER	IDENT	TIFICA	TION N	UMBE	R (EIN	)					
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967  SECTION E – EMPLOYER FILING ELIGIBILITY  to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
	to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SE	CTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): UNKNOWN														
VFS (Single-Establishn															
<del>-</del> - · · ·		•													
X YES (	Headqua							•					actor)		
				ne or Mo		_			ments i	s Federa	l Contra	actor)			
		S	ECTIC	ON G - I 3211		INFOR awmills	MATIO	N							
	SE	CTION	V H – V	VORKF			GRAPI	HC DA	TA						
							Race/E		•						
		anic					Not	Hispan	ic or L	atino					
	or La	atino		1	М	ale				1	Fer	nale	1		
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		Φ		Black or African American	_	aiia Isk	dia ativ	e R	4	or eri		Native Hawaiian Other Pacific Islan	dia	e R	Total
	Male	Female	White	ck or Afric American	Asian	awa	n In	lore	White	Black or an Amer	Asian	awa	L Z	lore	i 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	6	0	0	0	0	0	2	0	0	0	0	0	8
Professionals Technicians	0	0	9	0	0	0	0	0	0	0	0	0	0	0	12 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	72	0	0	1	2	1	4	0	0	0	0	1	81
Operatives	2	0	104	1	0	0	3	3	32	0	0	0	1	0	146
Laborers and Helpers	2	2	67	0	0	0	2	0	32	0	0	0	1	2	108
Service Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1

SECTION I - WORKFORCE SNAPSHOT PERIOD

259

10102022 - 10232022

0

359

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

No Comments Provided

**CURRENT 2022 REPORTING YEAR TOTAL** 

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

2022 EMPLOYER IN	FORM	AHO	NKEI	OKI (	EEO-1	COM	PONE.	N1 1)					ation Dat		
				TON A							l.				
		SECT		- EMP				TION							
OFS COMPANY ID		SECI	ION D	- ENIF	LOIL	KIDEN		OYER N	AME						
7358524						POT	LATCH			ION					
ADDRESS							CI	TY/TOW	/NI			STATE	1	ZIP CC	NDE .
601 WEST 1ST AVEN	IIIE ST	E 1600	1					POKAN				WA		9920	
														9920	71
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	<u>EADQU</u>	ARTE	RS OR							<b>ΓΙΟΝ</b> (if Γ-LEVEL		ıble)			
NW87075					`	PFHI-W					NAME				
					-	FFHI-W				ELIIC					
HEADQUARTERS OR ESTABLISHME		EL ADD	RESS					TY/TOW				STATE		ZIP CC	
1720 U.S.	82						\	NALDO	)			AR		7177	70
	SECTI	ON D -	EMPI		IDENT 203584		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 Eligi	ible to F	ile)	EMPL	OYER	NO LON	NGER I	N BUS	INESS		
	CTION														
	J110:11			tity ID (				11011(	пиррпс	uoie)					
☐ YES (Single-Establishm	ent Emr	lover is	Federa	l Contrac	ctor) 💢	YES (	Multi-Es	tablishm	nent Em	plover is	Federal	l Contra	ctor)		
	_	-													
X YES (F	Ieadquai				-			-					actor)		
		XY	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
		S		N G - 1											
	O.F.	CTION	1131	10 - Tir VORKF	nber Ti	ract Op	erations	HCDA	T. A						
	SE	CHON	H – V	VUKKE	OKCE		Race/E								l
	Hisp	anic						Hispan	•	atino					
	or La				М	ale	NOL	пізрап	lic or L	auno	Fen	nale			
						<u> </u>						1			
						r de	ŗ	Sé		_		or der	5	Sé	
				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u>0</u>	Φ	fric	u	ajis Isl	ndia ati	e R	as a	or ìeri	_	aiis Isl	ndia ati	e R	Total
	Male	Female	White	or A	Asian	aw ific	n Ir a N	Лoг	White	Black or an Amer	Asian	aw	n a N	Лoг	
	2	Fe	>	ck or Afric American	Ä	ac E	nerican Indian Alaska Native	r N	>	Bla	Ä	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	nerican Indian Alaska Native	r N	
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				ш		울	Ar	≱		⋖		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	4	0	0	0	0	0	2	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	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 2022 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	2	0	0	0	0	0	7
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I - WORKFORCE SNAPSHOT PERIOD

10102022 - 10232022

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

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

2022 EWN LOTEKTI	(FOKWI	AHO	N KE	OKI (.	EEO-1	COM	I ONE.	111)				Expir	ation Dat	e: 08/31/	2024
				TON A -											
		OT 07						<b>PT 031</b>							
OFS COMPANY ID		SECT	TON E	- EMP	LOYE	R IDEN		OYER N	AME						
7358524						POT	LATCH			ION					
						101					-				
ADDRESS								TY/TOW				STATE		ZIP CO	
601 WEST 1ST AVE	NUE, ST	TE 1600	)				SI	POKAN	ΙE			WA		9920	01
SECTION C - H	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
NW86975							PFHI-	LEWIS'	TON						
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DDE
301 D STF	REET						LE	WISTO	N			ID		8350	)1
	SECTI	ON D -	EMPI	LOYER	IDENT 203584		TION N	UMBE	R (EIN	)					
	5	SECTIO	ON E -	EMPLO			ELIGI	BILITY	Y						
X YES (Employer Is Eligib	e to File)	□ NO	(Empl	oyer Is N	ot Eligi	ible to F	ile)	EMPLO	OYER	NO LON	NGER I	N BUS	INESS		
SF	CTION	F – FEI	DERA	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
				tity ID (											
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contrac	ctor) 🔀	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federal	l Contra	ctor)		
X YES	_	-													
I IES	пеацциа							_					actor)		
				ne or Mo		_			ments i	s Federa	l Contra	actor)			
	EE111	4 Cor	ECTIC	NG-N Subsid	VAICS	INFOR	MATIO	N	. Office						
	SE	CTION	IH-V	VORKE	ORCE	DEMO	GRAPE	IIC DA	TA	:5					
							Race/E								
	Hisp	anic						Hispan		atino					
	or La	atino			М	ale					Fen	nale			
				<u>u</u>		Native Hawaiian or Other Pacific Islander	or 3	Two or More Races		an		Native Hawaiian or Other Pacific Islander	or e	Two or More Races	
JOB CATEGORIES				ı.		iiar slaı	lian tive	Ra		rigi		iiar	lian	Ra	Row
	<u>e</u>	Female	White	Black or African American	Asian	waj	American Indian or Alaska Native	ore	White	Black or African American	Asian	wai	American Indian or Alaska Native	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	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
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	2	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	0 5	0	0	0	0	0	3	0	0	0	0	0	8
CONNENT 2022 REPORTING TEAR TOTAL	U	V	J	U	U	U	U	V	<u>ي</u>	U	U	U	U	U	U
BRIOR 2021 REPORTING VEAR TOTAL															

SECTION I – WORKFORCE SNAPSHOT PERIOD

10102022 - 1023202

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

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

2022 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-1	I COM	PONE	NT 1)					ontrol Nu ation Dat		
				TON A											
		SECT	TON B	<b>В – ЕМР</b>	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
7358524						POT	LATCH	CORP	ORATI	ON					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
601 WEST 1ST AVEN	NUE, ST	E 1600	)				SI	POKAN	ΙE			WA		9920	)1
SECTION C - H	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				T-LEVEL	NAME				
NW87204						PLL-W	ALDO I	POTLA	TCHDE	ELTIC					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
1720 U.S	.82						١	NALDO	)			AR		7177	<b>'</b> 0
	SECTI	ON D -	EMPI	LOYER	IDENT	TIFICA'	TION N	UMBE	R (EIN	)					
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967  SECTION E – EMPLOYER FILING ELIGIBILITY e to File)  NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
<b></b>	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)														
SE															
<b>— ****</b>															
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X YES (I	Headqua	rters is l	Federal	Contrac	tor) 🔀	YES (N	on-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		XY	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
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	CF.	CTION		10 - Tir VORKF					ТА						
		201101	111 /	OKK	ORCE		Race/E								
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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
JOB CATEGORIES		<u> </u>	Ð	ck or Afric American	u	aiis	ndi. Iati	e R	o o	or Jer	u	Native Hawaiian Other Pacific Islan	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	3	1	0	0	0	0	0	0	0	0	0	0	4
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6 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	5	0	0	0	0	0	5
Craft Workers	2	0	38	5	0	0	0	0	0	0	0	0	0	0	45
Operatives	2	0	19	75	0	1	0	0	0	3	0	0	0	0	100
Laborers and Helpers	0	0	5	17	0	0	0	0	1	2	0	0	0	0	25
Service Workers	0	0	0	0	0	0	0	0	0	0	0	U	U	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

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10102022 - 10232022

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

No Comments Provided

**CURRENT 2022 REPORTING YEAR TOTAL** 

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

2022 EMPLOYER II	NFORM	AHO	NKEI	OKI (	EEO-	I COM	PONE	N1 1)					ration Dat		
						E OF RI									
						NT REF									
OFS COMPANY ID		SECT	TON B	8 – EMP	LOYE	R IDEN		ATION OYER N	AME						
7358524						POT	LATCH			ION					
ADDRESS								TY/TOW				STATE		ZIP CO	DE
601 WEST 1ST AVE	NITE OF	TE 1600	1					POKAN				WA		9920	
				ECEAD	T TOTTA	ATTAKE T				DION! (	c 1:			9920	<i>)</i> 1
SECTION C – F HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	AKTE	<u>ks ok</u>			<u>IENT-L</u> DUARTEI						able)			
NW87053						•	PFHI-S								
HEADQUARTERS OR ESTABLISHM	ENT-LEX	/EL.ADΓ	RESS					TY/TOW				STATE	$\overline{}$	ZIP CO	DE
1100 RAILROA			TLESS					MARII				ID		8386	
			EMPI	LOYER	IDENT	ΓIFICA'	TION N	UMBE	R (EIN	)					
		SECTIO	NF-		203584 OVER	816 FILING	FLIC	RII ITY	V						
X YES (Employer Is Eligib										NO LOI	NGER I	IN BUS	INESS		
SI	ECTION							TION (i	if applic	able)					
YES (Single-Establish	F		_	-		Not App		4 - 1- 1! - 1		1	To do and	1 C	-41		
	_	-								_					
X YES	Headqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
						-Headqu			ments i	s Federa	ıl Contra	actor)			
	EE111					INFOR			- Office						
	SF	CTION	) H – V	VORKE	ORCE	nd Regi	GRAPI	HIC DA	TA	:5					
	T -						Race/E								
		anic					Not	Hispan	ic or L	atino			,	,	
	or La	atino			M	lale	ı			1	Fer	nale			
						- a	_	s				- a	_	S	
				an		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		<u>e</u>	as a	fric	_	aiia	ndia	e R	as a	or	_	aiia Isk	ndia	e R	Total
	Male	Female	White	ck or Afric American	Asian	law ific	a F	Лог	White	Black or an Amer	Asian	la w	a F	٩٥	
	_	Fe	>	Black or African American	⋖	re H Pac	nerican Indian Alaska Native	or I	>	Bla	<	e H Pac	nerican Indian Alaska Native	٥	
				Bla		ativ	A A	WO		Afri		ati her	A	8	
						Ζŏ	٩	_				Ζŏ	٩	<u>⊢</u>	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	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	6
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	2	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	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  CURRENT 2022 REPORTING YEAR TOTAL	_ 0	0	0	0	0	0	0	0	0 4	0	0	0	0	0	0
CORRENT 2022 REPORTING TEAR TOTAL	. U	U	6	U	0	U	U	U	4	U	U	U	U	U	10
PRIOR 2021 REPORTING YEAR TOTAL	-														
	<del></del>	TE COURT		WODE	EODC	CONTAIN	CITOTI	DEDICT		•	•	•			•

SECTION I – WORKFORCE SNAPSHOT PERIOD 10102022 - 10232022

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

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

2022 EMPLOYER IN	FURM	AHO	N KEI	OKI (	EEO-	COM	PONE	N1 1)					ation Dat		
				TION A -											
		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
7358524						POT	LATCH	CORP	ORAT	ION					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
601 WEST 1ST AVEN	JUE, ST	F 1600	)				SI	POKAN	IF.			WA		9920	)1
				ECE A D	T TOTTS	TENTE T				DIONI ()	C 1:				· ·
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKIL	KS OK							Γ-LEVEL		ibie)			
NW87163					•	PLL-PO					1 WIVIL				
					-	LL-FO				ADAIVIA					
HEADQUARTERS OR ESTABLISHMI			DRESS					TY/TOW				STATE		ZIP CC	
694 A COMMERC	COU	JRT					PR	RATVIL	LE			AL		3606	66
	SECTI	ON D -	EMPI	LOYER	IDENT 10908		TION N	UMBE	R (EIN	)					
		SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Ÿ						
X YES (Employer Is Eligible				-							NGER I	N BUSI	NESS		
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)		
X YES (I	- Teadqua	rters is I	Federal	Contract	tor) X	YES (N	Ion-Head	lguarter	s Establ	ishment	is Feder	al Contr	actor)		
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				ne or Mo					ments i	s redera	ii Contra	ictor)			
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	SE	CTION	VH – V	VORKF	ORCE	DEMO	GRAPE	HC DA	TA						
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	Hisp	anic						Hispan		atino					
	or La				М	ale					Fen	nale			
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JOB CATEGORIES	-	<u>o</u>	a)	ck or Afric American	_	lsi aii	nerican Indian Alaska Native	e E		or ieri	_	l≋il	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 Tachnisians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	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 2022 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I - WORKFORCE SNAPSHOT PERIOD

10102022 - 10232022

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

U.S. EQUAL EMPL 2022 EMPLOYER I										OMB Co	Revised ontrol Nu	08/2023 mber: 304 e: 08/31/	16-0049		
		SECTION A		-	-				•						
	an an	ESTABL	_		_	mrosi									
OFS COMPANY ID	SECI	ION B – EM	PLOYER	R IDEN		OYER N	AME								
7358524				POT			ORATIO	NC							
ADDRESS					Cl	TY/TOV	VN			STATE		ZIP CO	DE		
601 WEST 1ST AVI	ENUE, STE 1600	)			S	POKAN	١E			WA		9920	)1		
	HEADQUARTE	RS OR ESTA								ıble)					
HQ/ESTABLISHMENT-LEVEL UNIT ID			HEADQU												
NW87196		PLL-SOUTHERN WOOD PRODUCTS WARREN  IT-LEVEL ADDRESS CITY/TOWN STATE ZIP COD													
HEADQUARTERS OR ESTABLISH	MENT-LEVEL ADI	ENT-LEVEL ADDRESS CITY/TOWN STATE ZIP COI													
810 W Pine, P	O BOX 390	BOX 390 WARREN AR 7167													
	SECTION D -		0109089		TION N	UMBE	R (EIN)								
	SECTION	ON E – EMPI	OYER F	FILING	ELIGI	BILIT	Y								
X YES (Employer Is Eligil	ole to File) NO	(Employer Is	Not Eligil	ble to F	ile)	EMPL	OYER N	O LON	IGER I	N BUSI	NESS				
S	ECTION F – FEI Un	DERAL CON ique Entity ID				TION (	if applica	ıble)							
☐ YES (Single-Establish	ment Employer is	Federal Contra	actor) X	YES (	Multi-Es	tablishn	nent Emp	oloyer is	Federal	Contra	ctor)				
X YES	(Headquarters is 1	Federal Contra	ctor) 💢	YES (N	on-Head	dquarter	s Establi	shment i	s Feder	al Contr	actor)				
	X Y	ES (One or M	ore Non-	Headqı	arters E	Establish	ments is	Federa	l Contra	ictor)					
	S	ECTION G - 321	NAICS I 113 - Sa		MATIC	ON									
	SECTION	H – WORK	FORCE I	DEMO	GRAPI	HC DA	TA								
					Race/E										
	Hispanic		Ma	ala .	Not	Hispar	ic or La	atino	Fan	- ala					
	or Latino		IVIE	116		l	<del>                                     </del>	1	ren	nale					
		a		n or Inder	n or e	seo		an		n or ınder	n or e	seol	_		

							Race/E	thnicity	/						
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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	1	0	0	0	1	0	2	0	0	0	0	0	4
Professionals	0	0	2	0	0	0	0	0	4	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	0	0	0	0	0	0	0
Administrative Support Workers	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Craft Workers	0	0	67	19	0	0	0	0	1	2	0	0	0	0	89
Operatives	1	1	25	53	0	0	0	0	3	2	0	0	0	0	85
Laborers and Helpers	1	0	5	8	0	0	0	0	0	2	0	0	0	0	16
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	1	102	80	0	0	1	0	12	6	0	0	0	0	204

SECTION I – WORKFORCE SNAPSHOT PERIOD 10/10/2022 - 10/23/2022

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

No Comments Provided

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

2022 EMPLOYER IN	FORM	IATIO	N KEI	OKI (	EEO-	COM	PONE	N1 1)					ation Dat		
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OFS COMPANY ID		SECT	TON E	– EMP	LOYE	R IDEN		ATION OYER N	ΔMF						
7358524						POT	LATCH			ION					
ADDRESS								TY/TOW				STATE		ZIP CO	DE
601 WEST 1ST AVEN	IIIE OT	FE 4600	1					POKAN				WA		9920	
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SECTION C – H	EADQU	AKTE	KS OK	ESTAB	HEAD(	<u>IENT-L</u> HARTEI	RS OR ES	TABLIS	HMEN	ΓΙΟΝ (11 Γ-LEVEL	t applica	able)			
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X YES (Employer Is Eligible											NGER I	IN BUS	INESS		
SE	CTION			L CONT				ΓΙΟΝ (i	if applic	able)					
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☐ YES (Single-Establishm	_	-													
X YES (I	Headqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)		
		XY	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
				)N G - 1											
	55111	4 - Cor	porate	Subsid VORKF	ORCE	nd Regi	onal Ma	anaging	Office	es					
	SE	201101	\ 11 - V	VOKKI	OKCE		Race/E								
	Hisp	anic						Hispan	•	atino					
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				Ę		Native Hawaiian or Other Pacific Islande	o c	Two or More Races		an		Native Hawaiian or Other Pacific Islande	o c	Two or More Races	
JOB CATEGORIES		a)		Black or African American		iiar sla	American Indian or Alaska Native	Ra		Black or African American		iiar sla	American Indian or Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	Iwa fic I	l l l	ore	White	Black or an Amer	Asian	iwa Fic I	l lnc	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	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 Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
COMMENT 2022 REPORTING TEAR TOTAL			_		J		J		, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,		, , ,		
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I – WORKFORCE SNAPSHOT PERIOD

10102022 - 10232022

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

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

2022 EMPLOYER IN	rukwi	AHO	NKLI	OKI (	EEU-	COM	PUNE	N1 1)					ation Dat		
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		SECT	ION B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
7358524						POT	LATCH	CORP	ORATI	ON					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
601 WEST 1ST AVEN	JUE ST	TF 1600	)				SI	POKAN	IF			WA		9920	)1
				ECE A D	T TOTTS	TENTE T				DIONI ()	c 1:				
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	KS OK							TTON (11 T-LEVEL		ible)			
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NW86957					PHI-C	LOQUE				VOODL					
HEADQUARTERS OR ESTABLISHMI		EL ADD	RESS					TY/TOW				STATE		ZIP CO	DE
105 ARCH ST	rreet						CI	LOQUE	T			MN		5572	20
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)	l		ı		
	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	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) X 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) X YES (Multi-Establishment Employer is Federal Contractor)														
VFS (Single Establishm	hment Employer is Federal Contractor) X 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)														
X YES (F															
	hment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)														
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JOB CATEGORIES	o o	<u>e</u>	ø.	Black or African American	c	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Φ.	Black or African American	<b>u</b>	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
	Male	Female	White	or A	Asian	la Ma	ın lı	Nor	White	Black or an Amer	Asian	<u>≨</u> §	la N	Nor	
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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	2	0	0	0	0	0	0	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2

SECTION I - WORKFORCE SNAPSHOT PERIOD

10102022 - 10232022

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

No Comments Provided

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

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			SECT	ION A	- TYP	E OF RI	EPORT								
			E:	STABLI	SHME	NT REF	ORT								
		SECT	TON B	– EMP	LOVE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	10112		2012	11 12 21 1		OYER N	AME						
7358524						POT	LATCH			ON					
										011					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DDE
601 WEST 1ST AVEN	IUE, ST	ΓE 1600	)				SI	POKAN	ΙE			WA		9920	01
SECTION C - H	TADOL	ADTE	DS OD	FSTAR	I ICHN	AENT.I	EVEL	IDENT	IFICA	TION (i	fannlier	hla)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	ADQC	AKIL	NS OK			UARTE						ioic)			
NW87020						HI-POT									
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HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
3900 LAKELANI	D DRIV	Æ					FL	OWOC	DD			MS		3923	32
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		CECTI	ME				FLICI	DII ITS	7						
	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 (UED): 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)  Unique Entity ID (UEI): Not Applicable														
SEC	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 (Non-Headquarters Establishment is Federal Contractor)															
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				<u> </u>		Native Hawaiian or Other Pacific Islande	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
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
PRIOR 2021 REPORTING YEAR TOTAL															
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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		2-0-						OYER N	AME						
7358524						POT	LATCH	CORP	ORATI	ION					
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CC	DE
601 WEST 1ST AVE	•							POKAN				WA		9920	)1
SECTION C – I HQ/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	JARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	<mark>ΓΙΟΝ</mark> (if Γ-LEVEL	f applica	ıble)			
NW86930						PFHI-AT					NAME				
HEADQUARTERS OR ESTABLISHN	MENT-LEV	/EL ADE	DRESS				Cl	TY/TOW	VN			STATE		ZIP CC	DE
5 CONCOURSE PH	WY, ST	E 2650					Α	TLANT	Ά			GA		3032	28
	SECTI	ON D -	EMPI	LOYER	IDENT 203584		TION N	UMBE	R (EIN	)	<b>.</b>				
VVC /Employer Is Eligib	SECTION E – EMPLOYER FILING ELIGIBILITY  e 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)														
	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) XYES (Multi-Establishment Employer is Federal Contractor)														
اق	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
☐ YES (Single-Establish	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)														
X YES	Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
		nent Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)													
	EE111								- Office						
				, Subsic						:5					
							Race/E		•						
		oanic atino			м	ale	Not	Hispan	ic or L	atino	Fon	nale			
	OI L	auno			IVI	ale					ren	lale			
				<u> </u>		Native Hawaiian or Other Pacific Islander	ğ	seo		an		Native Hawaiian or Other Pacific Islander	o ď	seo	
JOB CATEGORIES		o o		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 Total
	Male	Female	White	ck or Afrio American	Asian	awa	n a N a	Nore	White	Black or an Amer	Asian	awa	n In a Na	Aore	Total
	2	Fe	>	ck c	Ř	e H Pac	rica ask	or N	>	Bla	¥	e H Pac	rica ask	or N	
				Bla		ativ	A A	WO.		Afric		ativ	me Ala	WO.	
						Ζŏ	•	ŕ				Ζŏ	٩	ŕ	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Professionals	0	0	1	0	0	0	0	0	4	1	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	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives  Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL		0	3	0	0	0	0	0	6	2	0	0	0	0	11
					_					· ·				,	·
PRIOR 2021 REPORTING YEAR TOTAL	_														

SECTION I - WORKFORCE SNAPSHOT PERIOD

10102022 - 1023202

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

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

2022 E.VII E O 1 E.V.	i (i Oiti)		·	(	LLU .	1 001/1	1 0112	.,				Expir	ation Dat	e: 08/31/	2024
				TION A STABLI											
		SECT	TION B	В – ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID						-		OYER N	IAME						
7358524						POT	LATCH			ION					
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DE
601 WEST 1ST AV	ENUE, S	ΓΕ 1600	)				SI	POKAN	١E			WA		9920	)1
SECTION C – HO/ESTABLISHMENT-LEVEL UNIT ID	HEADQU	JARTE	RS OR	ESTAB	HEADO	MENT-L	EVEL	IDENT	IFICA'	<mark>ΓΙΟΝ</mark> (i: Γ-LEVEL	f applica	able)			
NW87141						•				DELTIC					
HEADQUARTERS OR ESTABLISH	MENT-LEV	VEL ADE	DRESS				CI	TY/TOV	VN			STATE		ZIP CC	DDE
101 HEAVENS							KA	LISPE	LL			MT		5990	01
	SECTI	ON D -	- EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)	•		•		
_				EMPL	OYER	FILING									
X YES (Employer Is Eligi											NGER I	IN BUS	INESS		
5	ECTION			tity ID (				TION (i	if applic	able)					
☐ YES (Single-Establish	nment Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
X YES	(Headqua	rters is l	Federal	Contrac	tor) 🔀	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	al Contr	ractor)		
	ment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)  (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)  X YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G – NAICS INFORMATION														
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	SI	ECTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E								
		oanic atino			М	ale	Not	Hispan	ic or L	atino	Fer	nale			
						- <del>-</del>		"				- <del>-</del>		"	
IOD CATEGODIES				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 Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	waii ic Is	nerican Indian Alaska Native	ore F	White	Black or	Asian	waii ic Is	nerican Indian Alaska Native	ore 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	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL		0	1	0	0	0	0	0	0	0	0	0	0	0	1
PRIOR 2021 REPORTING YEAR TOTA	.L														

SECTION I – WORKFORCE SNAPSHOT PERIOD

10102022 - 10232022

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

EEOC Standard Form 100 (SF 100)

	LOYMENT OPPORTUNITY C INFORMATION REPORT (EF		OMB Con	evised 08/2023 trol Number: 3046-0049 ton Date: 08/31/2024									
	SECTION A - T	TYPE OF REPORT											
	ESTABLISH	MENT REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME											
7358524		POTLATCH CORPORATION											
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE									
601 WEST 1ST AVENUE, STE 1600 SPOKANE WA 99201  SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)													
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)													
HQ/ESTABLISHMENT-LEVEL UNIT ID													
NW87130		PLL-MN WOOD PRODUCTS											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
50518 COUN	TY ROAD 45	BEMIDJI	MN	56601									
		ENTIFICATION NUMBER (EIN) 1908967											
	SECTION E – EMPLOY	ER FILING ELIGIBILITY											
X YES (Employer Is Elig	gible to File) NO (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSIN	ESS									
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>I)</u> : UNKNOWN											
☐ YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	eral Contracto	or)									
X YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fed	deral Contrac	tor)									
	X YES (One or More	Non-Headquarters Establishments is Federal Con	ntractor)										
		ICS INFORMATION											

# 321113 - Sawmills SECTION H - WORKFORCE DEMOGRAPHIC DATA

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	5	0	0	0	0	0	1	0	0	0	0	0	6
Professionals	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9
Technicians	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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	3	0	0	0	0	0	4
Craft Workers	0	0	23	0	0	0	0	0	0	0	0	0	0	0	23
Operatives	1	0	35	0	0	0	0	1	1	0	0	0	0	0	38
Laborers and Helpers	0	1	18	1	0	0	2	0	7	0	0	0	0	0	29
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	1	91	1	0	0	2	1	12	0	0	0	0	0	110
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I – WORKFORCE SNAPSHOT PERIOD

10102022 - 10232022

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

EEOC Standard Form 100 (SF 100)

~		DQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  PLL-OLA POTLATCHDELTIC  T-LEVEL ADDRESS  CITY/TOWN STATE ZIP CODE AR 72853  ECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 010908967  SECTION E - EMPLOYER FILING ELIGIBILITY 0 File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  TON F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNKNOWN  It Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) adquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  XYES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G - NAICS INFORMATION 113110 - Timber Tract Operations  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic Not Hispanic or Latino  or Latino  Male  Female													
											ı				
OFFI COMPANY IN		SECT	TON B	– EMP	LOYE	R IDEN			4.3.C						
OFS COMPANY ID						рот				ON.					
7358524						POT	LATCH	CORP	ORATI	ON					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
601 WEST 1ST AVEN	UE, ST	E 1600	)				SI	POKAN	IE			WA		9920	)1
	CADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT:	IFICAT	ΓΙΟΝ (if	applica	able)	'		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ						NAME				
NW87152						PLL-	OLA PO	OTLATO	CHDEL	TIC					
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
729 ARKANS	AS 10							OLA				AR		7285	53
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)	<u> </u>		ı		
	-	010908967 SECTION E – EMPLOYER FILING ELIGIBILITY													
VVEC (Employer Is Elisible		SECTION E – EMPLOYER FILING ELIGIBILITY													
		File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS													
SEC	CTION	F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNKNOWN													
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor) 🔀	YES (N	Multi-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)		
X VFS (H	eadana	rtere is I	Sederal	Contrac	tor) 💢	VFC (N	on-Head	lauarters	e Fetabl	ichment	ic Feder	al Contr	actor)		
<b>I 12</b> 3 (1.	cauquai							_					actor)		
									ments 1	s Federa	Contra	actor)			
			1131	10 - Tir	mber Ti	ract Ope	erations	8							
	SE	CTION	V H – V	VORKF	ORCE										
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							Not	Hispan	ic or L	atino					
	or La	atino			М	ale				1 1	Fen	nale	1		
JOB CATEGORIES		O		frican an		aiian or Islander	dian or ative	Races	a)	or erican	_	aiian or Islander	dian or ative	Races	Row Total
	Male	Femal	White	ck or A Americ	Asiar	e Hawa Pacific	ican In sska N	or More	White	Black	Asiar	e Hawa Pacific	ican In	or More	
				Blac		Nativ Other I	Amer Ala	Two		Afric		Nativ Other I	Amer Ala	Two	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Professionals Technicians	0	0	7	0	0	0	0	0	0	0	0	0	0	0	10 1
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	1	0	31	0	0	0	0	0	0	0	0	0	0	0	32

SECTION I - WORKFORCE SNAPSHOT PERIOD 10102022 - 10232022

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

No Comments Provided

**CURRENT 2022 REPORTING YEAR TOTAL** 

PRIOR 2021 REPORTING YEAR TOTAL

Operatives

Laborers and Helpers

Service Workers

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

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				TION A											
		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
7358524						POT	LATCH	CORP	ORAT	ION					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
601 WEST 1ST AVE	NUE, ST	E 1600	)				SI	POKAN	ΙE			WA		9920	)1
SECTION C - H	EADQU	ARTE	RS OR	<b>ESTAB</b>	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	ıble)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
NW87064						PFHI-T				ELTIC					
HEADQUARTERS OR ESTABLISHM			RESS					TY/TOW				STATE		ZIP CO	
98 SAN JACIN	TO BLV	D						AUSTIN	1			TX		7870	)1
	SECTI	ON D -	EMPI	LOYER 2	IDENT 203584		TION N	UMBE	R (EIN	)					
X YES (Employer Is Eligible				EMPLO						NO LON	NGER I	N BUSI	NESS		
	Unique Entity ID (UEI): Not Applicable  Shment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)														
	ishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establish	Unique Entity ID (UEI): Not Applicable ishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)  (S) (Headquarters is Federal Contractor)														
X YES	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)														
<u> </u>	hment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)														
				ON G - N					ments i	s redera	Contra	ictor)			
	55111			Subsid					Office	es					
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E		<u>,                                      </u>						
		anic					Not	Hispan	ic or L	atino		1 .			
	or La	atino		1 1	IVI	ale					Fen	nale			
				_		or der	ō	es		u		or der	or	es	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	Φ	<u> </u>	ā	ck or Afric American	⊑	vaii	ndi lat	ē	ā	Black or an Amer	⊆	vaii c Is	ndi lat	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	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 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I – WORKFORCE SNAPSHOT PERIOD

10102022 - 10232022

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

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

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2022 EMPLOYER INI	ENUE, STE 1600  SPOKANE  WA 9920  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME  PLL-POTLATCHDELTIC GWINN LUMBER  IMENT-LEVEL ADDRESS  CITY/TOWN STATE ZIP CO  GWINN MI 4984  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  010908967  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): UNKNOWN  hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)  G (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  SECTION G - NAICS INFORMATION  321113 - Sawmills  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity														
			SECT	ION A	– TYPI	E OF RI	EPORT				•				
			E:	STABLI	SHME	NT REP	ORT								
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
7358524						POT	LATCH	CORP	ORATI	ON					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
601 WEST 1ST AVEN	UE, ST	E 1600	)												
SECTION C - HE	ADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA	ΓΙΟΝ (if	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	-LEVEL	NAME	·			
NW87185					PLL-	-POTLA	TCHD	ELTIC (	GWINN	LUMB	ER				
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
650 A AVEN	NUE						•	GWINN	l			MI		4984	11
	SECTION	ON D -	EMPI	LOYER	IDENT	TIFICA	TION N	UMBE	R (EIN	)					
	010908967  SECTION E – EMPLOYER FILING ELIGIBILITY  to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
_	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)														
X YES (Employer Is Eligible	e to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  CCTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SEC	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): UNKNOWN														
	CCTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): UNKNOWN														
☐ YES (Single-Establishme	Unique Entity ID (UEI): UNKNOWN nent Employer is Federal Contractor)   ▼ YES (Multi-Establishment Employer is Federal Contractor)														
X YES (H	eadauar	rters is I	Federal	Contrac	tor) X	YES (N	on-Head	dauarter	s Establ	ishment	is Feder	al 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	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		e e		fric	_	aiia Isla	nerican Indian Alaska Native	S.		or eri	_	lsis	nerican Indian Alaska Native	2	Total
	Male	Female	White	ck or Afric American	Asian	] 12	E N	ore	White	Black or an Amer	Asian	ائز ۾	Ξž	ore	Total
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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	3	0	0	0	0	0	0 8
Professionals	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	4	0	0	0	0	0	5
Craft Workers	0	0	34	0	0	0	0	0	0	0	0	0	0	0	34
Operatives	0	0	49	1	1	0	1	2	3	0	0	0	2	0	59
Laborers and Helpers	0	0	16	1	0	0	0	0	3	0	0	0	0	0	20
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

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10102022 - 10232022

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

No Comments Provided

**CURRENT 2022 REPORTING YEAR TOTAL** 

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

2022 EMPLOYER IN	FORM	AHO	NKEI	OKI (	EEO-	COM	PONE	N1 1)					ation Dat		
				TON A		-					•				
		SECT	ION B	- ЕМР	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
7358524						POT	LATCH	CORP	ORAT	ION					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
601 WEST 1ST AVEN	IUF. ST	F 1600	)				SI	POKAN	IF.			WA		9920	)1
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SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	LADQU	AKIL	KS UK							Γ-LEVEL		ibie)			
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						11111						~~.~~			
HEADQUARTERS OR ESTABLISHMI		EL ADL	ORESS				CI	TY/TOW	/N			STATE		ZIP CC	
729 ARKANS	AS 10							OLA				AR		7285	53
	SECTI	ON D -	EMPI	LOYER 2	IDENT 203584		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 Eligi	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUSI	NESS		
SEC	CTION			L CONT				ΓΙΟΝ (i	if applic	able)					
		Uni	que En	tity ID (	<u>UEI)</u> :	Not App	licable								
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contrac	ctor) 🔀	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
X YES (I	Headana	rters is I	Federal	Contrac	tor)	VES (N	Ion-Head	lanarter	s Establ	ishment	is Feder	al Contr	actor)		
<b>— 11</b> 5 (1	reacqua				. —			•					uctor)		
									ments 1	s Federa	ıl Contra	actor)			
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IOD CATECODIES				Black or African American		Native Hawaiian or Ather Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	ø	<u>e</u>	ø	ck or Afric American	u	aii S Is	ndi Iati	ė	g)	or	_	ila S Is	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 Professionals	0	0	1 5	0	0	0	0	0	0	0	0	0	0	0	1 5
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	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 2022 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I - WORKFORCE SNAPSHOT PERIOD

10102022 - 10232022

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

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

IOB CATEGORIES	2022 2001 200 1 200 1	i i Oiti		. ,	(	LLO	1 001/1	1 01 (12)	. (1 1)				Expir	ation Dat	e: 08/31/	2024
ADDRESS																
ADDRESS			SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	TION							
ADDRESS   CITYTOWN   STATE   ZIP CODE   WA   99201	OFS COMPANY ID									AME						
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)	7358524						POT	LATCH	CORP	ORAT	ION					
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)	ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DDE
HQ-ESTABLISHMENT-LEVEL UNITED   HEADQUARTERS OR ESTABLISHMENT-LEVEL AMAE   PLL-POTLATCHDELTIC CORPORATION	601 WEST 1ST AV	ENUE, ST	ΓΕ 1600	)				SI	POKAN	IE			WA		9920	)1
NW87174		HEADQU	JARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	TION (it	f applica	ıble)			
READQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS	`					•										
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)   0109063967		MENT-LEV	VEL ADE	DRESS									STATE		ZIP CC	DDE
SECTION F - 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 (UE): UNKNOWN																
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): UNKNOWN   YES (Single-Establishment Employer is Federal Contractor)   YES (Multi-Establishment is Federal Contractor)   YES (Meadquarters is Federal Contractor)   YES (Mon-Headquarters Establishment is Federal Contractor)   YES (Non-Headquarters Establishment is Federal Contracto		SECTI	ON D -	- EMPI				TION N	UMBE	R (EIN	D	l l		I		
VES (Single-Establishment Employer is Federal Contractor)   VES (Single-Establishment Employer is Federal Contractor)   VES (Multi-Establishment is Federal Contractor)   VES (Non-Headquarters Establishment is Federal Contractor)   VES (Non-H					EMPL	OYER	FILING									
VES (Single-Establishment Employer is Federal Contractor)   VES (Multi-Establishment Employer is Federal Contractor)   VES (Multi-Establishment Employer is Federal Contractor)   VES (Multi-Establishment is Federal Contractor)   VES (Mon-Headquarters Establishment is Federal Contractor)   VES (Mon-Headquarters Interaction   VES (Mon-Headquarters Interaction   VES (Mon-Headquarters Interaction   VES (Mon-Headquarters Interaction   VES (Mon-Headquarters Int												NGER I	N BUSI	INESS		
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)   YES (One or More Non-Headquarters Establishments is Federal Contractor)   YES (One or More Non-Headquarters Establishments is Federal Contractor)   YES (One or More Non-Headquarters Establishments is Federal Contractor)   YES (One or More Non-Headquarters 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 N	S	ECTION							ΓΙΟΝ (i	if applic	cable)					
YES (One or More Non-Headquarters Establishments is Federal Contractor)   SECTION G - NAICS INFORMATION	☐ YES (Single-Establish	Unique Entity ID (UEI): UNKNOWN ishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor) CS (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)														
YES (One or More Non-Headquarters Establishments is Federal Contractor)   SECTION G - NAICS INFORMATION	X YES	ishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)  CS (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)														
SECTION G - NAICS INFORMATION   STILL - Corporate, Subsidiary, and Regional Managing Offices   SECTION H - WORKFORCE DEMOGRAPHIC DATA   SECURITION   SECTION H - WORKFORCE DEMOGRAPHIC DATA   SECURITION	_	(Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor) X YES (One or More Non-Headquarters Establishments is Federal Contractor)														
SECTION H - WORKFORCE DEMOGRAPHIC DATA   Race/Ethnicity   Security   Securi																
Application   Continuo   Contin		55111 SE	4 - Cor ECTION	porate VH – V	, Subsic VORKF	liary, a ORCE	nd Regi	onal Ma GRAPE	anaging IIC DA	office TA	es					
Service Workers   Service Wo																
Back or More Racet Native Hawaiian or More Races   American Indians								Not	Hispan	ic or L	atino	_				
Executive/Senior Level Officials and Managers 0 0 1 0 1 0 0 0 0 0 1 0 0 0 0 0 0 0 0		or L	atino			M	lale					Fer	nale			
Executive/Senior Level Officials and Managers 0 0 1 0 1 0 0 0 0 0 1 0 0 0 0 0 0 0 0					an		an or ander	an or ve	aces		can		an or ander	an or ve	aces	Row
Executive/Senior Level Officials and Managers 0 0 1 0 1 0 0 0 0 0 1 0 0 0 0 0 0 0 0	JOB CATEGORIES	<u>0</u>	ale	te	Afric	an B	vaiia c Isl	India Nati	ē R	te	c or meri	иe	vaiia c Isl	India Nati	ē. R	Total
Executive/Senior Level Officials and Managers 0 0 1 0 1 0 0 0 0 0 1 0 0 0 0 0 0 0 0		Ma	-e-	Whi	c or mer	Asia	Hay	can ska	<b>§</b>	Whi	lacl	Asia	Hay	can ska	<b>ĕ</b>	
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First/Mid-Level Officials and Managers         0         0         2         0							호	Ā	≥		▼		§ ₽	Ā	≥	
Professionals         0         0         1         0         <								_								
Technicians         0 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td><td></td><td></td><td></td><td></td><td></td></th<>										_						
Sales Workers         0         0         6         0         <																
Administrative Support Workers         0 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td><td></td><td></td><td></td><td></td><td></td></th<>										_						
Craft Workers         0         <																
Operatives         0			_													
Service Workers         0																
	Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL         0         0         0         0         0         0         0         0         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 2022 REPORTING YEAR TOTAL	<b>L</b> 0	0	10	0	0	0	0	0	2	0	0	0	0	0	12
PRIOR 2021 REPORTING YEAR TOTAL	PRIOR 2021 REPORTING YEAR TOTA	L														

SECTION I - WORKFORCE SNAPSHOT PERIOD

10102022 - 10232022

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

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

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

												Expir	ation Dat	e: 08/31/	2024
			SECT	ION A	– TYPI	E OF RI	EPORT				•				
			E	STABLE	SHME	NT REF	ORT								
		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5251	10112		2012			OYER N	AME						
7358524						POT	LATCH	CORP	ORATI	ION					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DF
601 WEST 1ST AVEN	ILIE OT	E 1600	1					POKAN				WA		9920	
														9920	<i>/</i> I
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	FION (if	fapplica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					-					Γ-LEVEL					
NW87011					PFH	I-POTL	ATCHE	DELTIC	CORP	ORATIO	ON				
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
601 WEST 1ST AV	E, STE	1600					SI	POKAN	ΙE			WA		9920	)1
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)					
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
X YES (Employer Is Eligible	SECTION E – EMPLOYER FILING ELIGIBILITY ligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable blishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)														
SEC	CTION							TION (i	if applic	able)					
	Unique Entity ID (UEI): Not Applicable ablishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm															
X VES (	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)														
A TES (I	Unique Entity ID (UEI): Not Applicable  blishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)  YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  X YES (One or More Non-Headquarters Establishments is Federal Contractor)														
	Unique Entity ID (UEI): Not Applicable blishment Employer is Federal Contractor) X 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				Black or African American		iiar sla	nerican Indian Alaska Native	Ra		ric l		Native Hawaiian ther Pacific Islan	nerican Indian Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers	0	0	6	0	0	0	0	0	1	0	0	0	0	0	7
First/Mid-Level Officials and Managers	1	0	12	0	0	0	0	0	4	0	0	0	0	0	17
Professionals	1	0	13	0	0	0	0	1	8	0	1	0	0	11	25
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	1	0	0	0	6	0	0	0	0	0	9
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 2022 REPORTING YEAR TOTAL	2	0	33	0	1	0	0	1	19	0	1	0	0	1	58
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I – WORKFORCE SNAPSHOT PERIOD

10102022 - 10232022

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

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

2022 EMPLOYER IS	IFORM	IATIO	N KEI	OKI (	EEO-	I COM	PONE	N1 1)					ation Dat		
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						NT REF									
OFC COMPANY ID		SECT	TON B	<u> – EMP</u>	LOYE	R IDEN		ATION OYER N	AME						
OFS COMPANY ID 7358524						POT	EMPL LATCH			ION					
						FOI				ION					
ADDRESS								TY/TOW				STATE		ZIP CO	
601 WEST 1ST AVE								POKAN				WA		9920	01
SECTION C - H	EADQU	JARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD(	(UARTEI					NAME				
NW86993						Р	FHI-PA			١					
HEADQUARTERS OR ESTABLISHM		/EL ADE	DRESS					TY/TOW				STATE		ZIP CO	
114 1ST AV	ENUE							DEARY				ID		8382	23
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				EMPL	OYER	FILING									
	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)														
SE	CTION							TION (i	if applic	able)					
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  YES (Single-Establishment Employer is Federal Contractor) XYES (Multi-Establishment Employer is Federal Contractor)														
Unique Entity ID (UEI): Not Applicable															
X YES	Unique Entity ID (UEI): Not Applicable  ☐ YES (Single-Establishment Employer is Federal Contractor)  ☐ YES (Multi-Establishment Employer is Federal Contractor)														
		XY	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		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	<u>o</u>	Female	ţ.	ck or Afric American	Ę	vaii c Is	Ind	re	ţ.	Black or an Amer	Ę	vaii 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	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	5	0	0	0	1	0	1	0	0	0	0	0	7
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	2	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers  CURRENT 2022 REPORTING YEAR TOTAL	_ 0	0	6	0	0	0	1	0	3	0	0	0	0	0	10
CONNENT 2022 REPORTING TEAR TOTAL	·   ·	V	U	U	U	U	<u>'</u>	V	J	U	U	U	U		10
PRIOR 2021 REPORTING YEAR TOTAL															
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SECTION I – WORKFORCE SNAPSHOT PERIOD 10102022 - 10232022

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

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

2022 EWII LOTEK II	II OKWI	AHO	N KEI	OKI (	EEO-1	COM	TONE	N1 1)				Expir	ation Dat	e: 08/31/	2024	
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		SECT		B – EMP				TION								
OFS COMPANY ID	-	BECI	10111	<u> Livii</u>	LOIL	KIDLI		OYER N	AME							
7358524						POT	LATCH	CORP	ORATI	ION						
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CO	DDE	
601 WEST 1ST AVE	NUE, ST	E 1600	)				S	POKAN	ΙE			WA		9920	)1	
SECTION C - H	EADOU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA	ΓΙΟΝ (if	f applica	able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL						
NW86966					PF	HI-EL [	OORAD	O POT	LATCH	HDELTI	С					
HEADQUARTERS OR ESTABLISHM			RESS				Cl	TY/TOW	/N			STATE		ZIP CO	DDE	
210 EAST ELM	STREE	Т					EL	DORA	DO			AR		7173	30	
	SECTI	TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
VFS (Employer Is Eligib	203584816  SECTION E – EMPLOYER FILING ELIGIBILITY  ligible to File) ☐ NO (Employer Is Not Eligible to File) ☐ EMPLOYER NO LONGER IN BUSINESS  SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  clishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)															
	SECTION E – EMPLOYER FILING ELIGIBILITY  Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
31	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable  stablishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)															
YES (Single-Establish	Unique Entity ID (UEI): Not Applicable															
	ablishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)															
	blishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)  YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)  X 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	3	0	0	0	0	0	1 5	0	0	0	0	0	8	
Professionals Technicians	0		0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	1	0	0	0	0	0	0	6	0	0	0	0	0	7	
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 2022 REPORTING YEAR TOTAL	. 0	1	5	0	0	0	0	0	12	1	0	0	0	0	19	
PRIOR 2021 REPORTING YEAR TOTAL																

SECTION I – WORKFORCE SNAPSHOT PERIOD

10102022 - 1023202

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

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

2022 EMPLOYER IN	FORM	ATIO	N REF	PORT (	EEO-1	1 COM	PONE	NT 1)					ontrol Nu ration Dat		
						E OF RI									
		CECT				NT REP		TION							
OFS COMPANY ID		SECI	ION B	- ENIP	LUIE	KIDEN		OYER N	AME						
7358524						DOT	LATCH			ION					
						POT				ION			-		
ADDRESS			_					TY/TOW				STATE		ZIP CC	
601 WEST 1ST AVEN								POKAN				WA		9920	)1
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT:	IFICA'	<b>ΓΙΟΝ</b> (it Γ-LEVEL	f applica	able)			
•					неарс	UAKTE				I-LEVEL	NAME				
NW87097								-CHEN							
HEADQUARTERS OR ESTABLISHME			DRESS					TY/TOW				STATE		ZIP CC	
10 CHENAL CLUB E	BOULE	VARD					LIT	TLE RC	OCK			AR		7222	23
	SECTI	ON D -	- EMPI		IDENT 010908	TIFICAT 967	TION N	UMBE	R (EIN	)					
	,	SECTION	ON E –	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to Fi	ile)	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS		
SEC	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)					
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor) 🔀	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
X VFS (	Unique Entity ID (UEI): UNKNOWN ment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor) (Headquarters is Federal Contractor) ▼ YES (Non-Headquarters Establishment is Federal Contractor)														
Z IES (I	nent Employer is Federal Contractor) X 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	1	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	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	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 2022 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	4	1	0	0	0	0	10

SECTION I – WORKFORCE SNAPSHOT PERIOD

10102022 - 10232022

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

No Comments Provided

EEOC Standard Form 100 (SF 100)

2022 EMPLOYER IN													ontrol Nuration Dat	mber: 30	
						E OF RI									
				_	_	NT REF	_								
		SECT	TION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID						рот		OYER N		ON					
7358524						POT	LATCH			ON					
ADDRESS								TY/TOW				STATE		ZIP CO	
601 WEST 1ST AVE	NUE, ST	ΓE 1600	0				SI	POKAN	ΙE			WA		9920	)1
SECTION C – H	EADQU	JARTE	RS OR	ESTAE								able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID						UARTEI									
NW87112					Pl	L-EL D	ORAD	O POTI	LATCH	DELTIC					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADI	DRESS					TY/TOW				STATE		ZIP CO	DE
210 EAST ELM	STREE	Т					EL	DORA	DO			AR		7173	30
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		SECTION	ON E -				ELIGI	BILITY	Y						
X YES (Employer Is Eligib	SECTION E – EMPLOYER FILING ELIGIBILITY  le to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS  ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
SE	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): UNKNOWN														
			-	-											
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
X YES	Headqua	rters is l	Federal	Contrac	tor) X	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
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100 0175 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	an o	Two or More Races	Row
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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	0	3
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  Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD 10102022 - 10232022

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

No Comments Provided

**CURRENT 2022 REPORTING YEAR TOTAL** 

PRIOR 2021 REPORTING YEAR TOTAL

Craft Workers

Service Workers

Laborers and Helpers

Operatives

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

2022 EMI LOTER II	(I OKW	AHO	N KEI	OKI (.	EEO-1	COM	I ONE.	1111)				Expir	ation Dat	e: 08/31/	2024	
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OFS COMPANY ID		SECT	TON B	- EMP	LOYE	R IDEN		<u>ATION</u> OYER N	AME							
7358524						POT	LATCH			ION						
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ADDRESS								TY/TOW				STATE		ZIP CC		
601 WEST 1ST AVE	NUE, ST	ΓE 1600	)				SI	POKAN	ΙE			WA		9920	01	
SECTION C - I	EADQU	ARTE	RS OR									ıble)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					•	•				Γ-LEVEL	NAME					
NW87086						PLL-AT	LANTA	POTLA	ATCHD	ELTIC						
HEADQUARTERS OR ESTABLISHM	IENT-LEV	EL ADE	RESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE	
5 CONCOURSE PK	.WY, STI	E 2650					Α	TLANT	Ά			GA		3032	28	
	SECTI															
	010908967  SECTION E – EMPLOYER FILING ELIGIBILITY  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	(Empl	oyer Is N	lot Eligi	ible to F	ile)	EMPLO	OYER	NO LON	NGER I	N BUS	INESS			
SI	CTION							TION (i	if applic	able)						
			-													
☐ YES (Single-Establish	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): UNKNOWN  Ablishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)															
X YES	Headaua	rters is I	Federal	Contract	tor) X	YES (N	Ion-Head	dauarter	s Establ	ishment	is Feder	al Contr	actor)			
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	or La	atino		, ,	M	ale	1			1	Fen	nale				
				Ę		Native Hawaiian or Other Pacific Islander	or e	Two or More Races		an		Native Hawaiian or Other Pacific Islander	or e	Two or More Races		
JOB CATEGORIES		4		Black or African American		iiar sla	American Indian or Alaska Native	Ra		Black or African American		iiar sla	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	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	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 2022 REPORTING YEAR TOTAL	_ 0	0	2	0	0	0	0	0	0	0	0	0	0	0	2	
PRIOR 2021 REPORTING YEAR TOTAL																

SECTION I – WORKFORCE SNAPSHOT PERIOD

10102022 - 1023202

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

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

2022 EMI LOTER II	VI OKWI	AHO	N KEI	OKI (	EEO-1	COM	I ONE.	111)				Expir	ation Dat	e: 08/31/	2024
				TION A							,				
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	10112		2012			OYER N	AME						
7358524						POT	LATCH	CORP	ORAT	ION					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
601 WEST 1ST AVE	NUE, ST	ΓE 1600	)				SI	POKAN	ΙE			WA		9920	)1
SECTION C - I	IEADQU	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					-					Γ-LEVEL					
NW87042				F	PFHI-SO	OUTHE				CTS WA					
HEADQUARTERS OR ESTABLISHM			RESS					TY/TOW				STATE		ZIP CC	
810 W Pine, PC								/ARRE				AR		7167	71
					203584	816				)					
X YES (Employer Is Eligib				• EMPLo oyer Is N						NO LOI	NGER I	N BUS	INESS		
SI	ECTION							ΓΙΟΝ (i	if applic	able)					
VFS (Single Establish	ment Emr		-					tablichn	ant Em	nlover ic	Fadaral	l Contra	ctor)		
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	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)														
	ngle-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)														
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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	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES		ø		Black or African American	_	aiia Isla	American Indian or Alaska Native	Ra	_	Black or African American	_	aiia Isla	nerican Indian Alaska Native	Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	awa Hic	n S	ore	White	Black or	Asian	awa	E Š	ore	Total
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				В		Nat	An'	Ě		¥		Nat	Am,	Ţ	
Executive/Senior Level Officials and 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	4	0	0	0	1	0	0	0	0	0	0	0	5
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	_ 0	0	4	0	0	0	1	0	1	0	0	0	0	0	6
PRIOR 2021 REPORTING YEAR TOTAL	-														

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/10/2022 - 10/23/2022

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

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

2022 EMPLOYER IN	FORM	ATIO	N REI	ORT (	(EEO-1	1 СОМ	PONE	NT 1)					ation Dat		
						E <b>OF RI</b> NT REF									
		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID							EMPL	OYER N	AME						
7358524						POT	LATCH	CORP	ORAT	ION					
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CC	DDE
601 WEST 1ST AVE	NUE ST	TF 1600	)				S	POKAN	JF.			WA		9920	01
				ECTAD	T TOTTA	ATENIO I				ELONI ('	C 1:			0020	
SECTION C – H HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKIL	KS UK	ESTAB						Γ-LEVEL		ibie)			
NW86948					112.12	•	II-CLEA								
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				Cl	TY/TOW	/N			STATE		ZIP CC	DDE
66 SCOFIELD								PIERCE				ID		8354	
	SECTI	ON D -	EMPI		IDENT 203584	TIFICA'	TION N	UMBE	R (EIN	)			<b>.</b>		
		SECTIO	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligibl	e to File)	□NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPLO	OYER	NO LON	NGER I	IN BUS	INESS		
SE	CTION							TION (i	if applic	able)					
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☐ YES (Single-Establishm	nent Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (N	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
X YES (	Headqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
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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	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	5	0	0	0	0	0	2	0	0	0	0	0	7
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	2	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers  CURRENT 2022 REPORTING YEAR TOTAL	0	0	0 8	0	0	0	0	0	3	0	0	0	0	0	0 11
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SECTION I – WORKFORCE SNAPSHOT PERIOD 10102022 - 10232022

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

EEOC Standard Form 100 (SF 100)

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SECTION C – H	EADQU	JARTE	RS OR									able)												
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	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)														
X YES (Employer Is Eligible																								
SE	CTION	TION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): UNKNOWN																						
☐ YES (Single-Establishr	nent Emp	Unique Entity ID (UEI): UNKNOWN  nployer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)																						
X YES (	Headqua	rters is I	Federal	Contrac	tor) X	YES (N	Von-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	actor)											
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JOB CATEGORIES	o.	ele	ø.	Vfrican can	u	aiian or SIslander	ndian or Iative	e Races	Φ	or nerican	c	aiian or SIslander	ndian or Iative	e Races	Row Total									
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	STATE VAN 99201  WA 99201  Dilicable)  ME  OS  STATE ZIP CODE  MN 55720  ER IN BUSINESS  deral Contractor)  ederal Contractor)  pontractor)  Female  I wo o wo w												
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0		WA 99201 applicable) NAME NDS  STATE ZIP CODE MN 55720  GGER IN BUSINESS  Federal Contractor) s Federal Contractor) Contractor)  Female  Value Races  Value Races												
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	STATE ZIP CODI WA 99201  N (if applicable) VEL NAME DLANDS  STATE ZIP CODI MN 55720  STATE ZIP CODI MN 55720  LONGER IN BUSINESS  Per is Federal Contractor) American Indian or More Back and Native Hawaiian or More Back and Native H													
Sales Workers	0	0	0	0	0	0	0	0	0	0	0				0									
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0									

SECTION I - WORKFORCE SNAPSHOT PERIOD 10102022 - 10232022

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

No Comments Provided

**CURRENT 2022 REPORTING YEAR TOTAL** 

PRIOR 2021 REPORTING YEAR TOTAL

Operatives

Laborers and Helpers

Service Workers