EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)									Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026						
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			С	ONSOL	IDATE	D REP	ORT								
		SECT	TION B	– EMP	LOYE	R IDEN									
OFS COMPANY ID	EMPLOYER NAME														
9251754 SOUTHWEST GAS CORP															
ADDRESS				CITY/TOWN							STATE ZIP CODE			DE	
8360 S DURANO	O DRI	VE		LAS VEGAS					NV 89113			13			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		•			
HEADQUARTERS OR ESTABLISHMI	HMENT-LEVEL ADDRESS				CITY/TOWN					STATE ZIP CO			DE		
- La La Contraction of the Contr															
CECTEION D. EMBLOYED IDENTIFICATION AND CENT															
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 880085720															
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): UNAVAILABLE															
<u>Unique Entity ID (UEI)</u> : UNAVAILABLE ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
YES (Single-Establishm	ent Emp	noyer is	redera	I Contrac	ctor) 🔼	YES (I	viuiti-Es	tablishm	ient Em	pioyer is	Federal	Contra	ctor)		
X YES (I	YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
X YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION															
		-	2212	210 - Na	tural G	as Dist	ribution								
	SE	CTION	N H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E								
Hispanic				Not Hispanic or Latino											
		or Latino		Male				<u>;</u>		Female			1		
				⊑		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		au		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
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002 0/1120011120	<u>0</u>	Female	Ę.	ck or Afric American	an	vai ic Is	Ind	re	te	Black or an Amer	an	vai ic Is	Ind Nat	ē	Total
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Executive/Senior Level Officials and Managers	2	4	46	5	5	0	1	3	14	3	1	0	1	0	85
First/Mid-Level Officials and Managers Professionals	60 72	23 64	205 156	11 15	20 52	1	1 2	4 11	70 103	10 15	10 26	3	0	2 11	419 531
Technicians	69	15	146	7	10	1	0	3	16	2	3	0	1	2	275
Sales Workers	4	2	14	0	0	0	0	0	8	1	0	0	0	1	30
Administrative Support Workers	25	112	21	9	2	0	0	1	81	32	10	4	0	7	304
Craft Workers	229	3	327	17	13	6	6	6	8	0	0	0	0	0	615
Operatives Laborers and Helpers	72 0	0	80	9	0	0	0	5 0	0	0	0	0	0	0	176 0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/17/2024 - 12/31/2024

0

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

Not Applicable

CURRENT 2024 REPORTING YEAR TOTAL

PRIOR 2023 REPORTING YEAR TOTAL

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

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

SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION								
OFS COMPANY ID	EMPLOYER NAME							
9251754	SOUTHWEST GAS CORP							
ADDRESS		CITY/TOWN	STATE	ZIP CODE				
8360 S DURA	NGO DRIVE	LAS VEGAS	NV	89113				
CERTIFICATION COMMENTS (optional)								

No Certification Comments Provided

CERTIFICATION STATEMENT

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

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

DATE OF CERTIFICATION 6/16/2025 5:11 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL						
Name of Employer's Certifying Official	Title of Certifying Official					
Elise Wairco	Sr. Analyst/HR Compliance					
Email Address of Certifying Official	Telephone Number of Certifying Official					
Elise.Wiarco@swgas.com	702-365-2254					
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING						
Name of Primary POC	Title and Employer of Primary POC					
Elise Wairco	Sr. Analyst/HR Compliance					
	Southwest Gas					
Email Address of Primary POC	Telephone Number of Primary POC					
Elise.Wiarco@swgas.com	702-365-2254					