U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										Expiration Date: 11/30/2026					
			SECT	TION A	- TYP	E OF R	EPORT	1			ı				
			C	ONSO	LIDATE	ED REP	ORT								
		SECT	TION I	B – EMP	PLOYE	R IDEN									
OFS COMPANY ID		EMPLOYER NAME													
0819086	0819086 HESS CORPORATION														
ADDRESS						CITY/TOWN						STATE ZIP CODE			DE
1185 Avenue of the Americas						NEW YORK CITY						NY	10036		
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHN	LISHMENT-LEVEL ADDRESS					CITY/TOWN						STATE ZIP COD			DDE
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)															
134921002															
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): GJ7CKGPFGZX5															
☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)															
X YES (Headquarters is Federal Contractor)															
X YES (One or More Non-Headquarters Establishments is Federal Contractor)															
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Hispanic or Latino					M	Not Hispanic or Latino Male Female									
or Eatino						Wate									
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				an		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	e e	Two or More Races	Row
JOB CATEGORIES		Φ	•	Black or African American	_	l iia	nerican Indian Alaska Native	2	•	eri.	_	aiia Isla	American Indian Alaska Native	ě.	Total
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Executive/Senior Level Officials and Managers	1	2	21	0	1	0	0	1	3	0	0	0	0	0	29
First/Mid-Level Officials and Managers	16	14	232	6	20	0	0	4	55	11	10	0	0	3	371
Professionals Technicians	47 2	38	406 48	24 3	61 3	0	5 1	8 2	143 13	29	45 1	0	0	3	812 78
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	9	2	3	0	0	0	0	23	3	0	0	0	1	41
Craft Workers	2	0	37	1	0	0	0	1	0	0	0	0	0	1	42
Operatives Laborers and Helpers	6	0	186 0	6	0	0	3 0	0	0	0	0	0	0	0	207 0
Service Workers	5	0	2	0	1	0	0	0	0	1	0	0	0	0	9
CURRENT 2023 REPORTING YEAR TOTAL	_ 79	67	934	43	87	1	9	16	241	46	56	1	1	8	1589
PRIOR 2022 REPORTING YEAR TOTAL	_ 74	57	857	38	82	1	7	16	234	38	50	1	1	6	1462

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/12/2023 - 12/25/2023

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

Not Applicable

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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

OFS COMPANY ID 0819086 ADDRESS ADDRESS ADDRESS CITY/TOWN NEW YORK CITY NY 10036

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 5/29/2024 4:55 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official	Title of Certifying Official				
Erica DeHoyos	Sr Manager HR				
Email Address of Certifying Official	Telephone Number of Certifying Official				
erdehoyos@hess.com	713-496-5504				
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING					
Name of Primary POC	Title and Employer of Primary POC				
Erica DeHoyos	Sr Manager HR				
,	HESS CORPORATION				
Email Address of Primary POC	Telephone Number of Primary POC				
erdehoyos@hess.com	713-496-5504				