

Section D -- EMPLOYMENT DATA

Employment at this establishment -- Report all permanent full- and part-time employees including apprentices and on-the-job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered as zeros.

Job Categories	Number of Employees (Report employees in only one category)															Total Col A - N
	Race/Ethnicity															
	Hispanic or Latino		Not-Hispanic or Latino													
	Male	Female	Male						Female							
		White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races			
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
Executive/Senior Level Officials and Managers 1.1	0	0	10	0	0	0	0	0	0	0	0	0	0	0	10	
First/Mid-Level Officials and Managers 1.2	2	3	86	4	1	29	0	3	52	4	2	14	1	1	202	
Professionals 2	8	3	177	12	0	150	2	4	57	6	0	57	0	3	479	
Technicians 3	5	0	13	5	1	7	0	0	1	1	0	0	0	0	33	
Sales Workers 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers 5	1	1	9	2	0	1	0	3	28	2	0	2	0	1	50	
Craft Workers 6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives 7	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2	
Laborers and Helpers 8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers 9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL 10	16	7	296	24	2	187	2	10	138	13	2	73	1	5	776	
PREVIOUS YEAR TOTAL 11	19	8	318	20	2	200	2	11	135	15	3	80	1	5	819	

1. Date(s) of payroll period used: 11/01/2019 - 11/15/2019 (Omit on the Consolidated Report.)

Section E -- ESTABLISHMENT INFORMATION (Omit on the Consolidated Report.)

1. What is the major activity of this establishment? (Be specific, i.e., manufacturing steel castings, retail grocer, wholesale plumbing supplies, title insurance, etc. Include the specific type of product or type of service provided, as well as the principal business or industrial activity.) **541519 - Other Computer Related Services**

Section F -- REMARKS

Use this item to give any identification data appearing on the last EEO-1 report which differs from that given above, explain major changes in composition of reporting units and other pertinent information.

Section G -- CERTIFICATION

- Check one
- 1 All reports are accurate and were prepared in accordance with the instructions. (Check on Consolidated Report only.)
- 2 This report is accurate and was prepared in accordance with the instructions.

Name of Certifying Official [REDACTED]	Title [REDACTED]	Signature	Date
Name of person to contact regarding this report	Title	Address (Number and Street) 12061 Bluemont Way	
City and State Reston, VA	Zip Code 20190	Telephone No. (including Area Code and Extension) [REDACTED]	Email Address [REDACTED]

All reports and information obtained from individual reports will be kept confidential as required by Section 709(e) of Title VII. WILLFULLY FALSE STATEMENTS ON THIS REPORT ARE PUNISHABLE BY LAW, U.S. CODE, TITLE 18, SECTION 1001