

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID 1066043			EMPLOYER NAME EQT CORPORATION												
ADDRESS 625 LIBERTY AVENUE, SUITE 1700						CITY/TOWN PITTSBURGH				STATE PA		ZIP CODE 15222			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN				STATE		ZIP CODE			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 250464690															
SECTION E – EMPLOYER FILING ELIGIBILITY <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): EPSRFAHQ7L1 <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input checked="" type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 221210 - Natural Gas Distribution															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	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	
Executive/Senior Level Officials and Managers	1	0	26	0	0	0	0	0	3	0	0	0	0	0	30
First/Mid-Level Officials and Managers	2	0	217	0	1	0	0	2	59	0	2	1	0	2	286
Professionals	5	9	321	8	12	0	1	2	192	5	8	0	1	2	566
Technicians	2	1	259	3	0	1	0	1	36	2	1	0	0	0	306
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	5	0	0	0	0	0	22	1	0	0	0	0	29
Craft Workers	0	0	47	0	0	0	0	1	14	1	1	0	0	1	65
Operatives	1	0	219	0	0	0	1	1	3	1	0	0	0	0	226
Laborers and Helpers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	11	11	1098	11	13	1	2	7	329	10	12	1	1	5	1512
PRIOR 2023 REPORTING YEAR TOTAL	6	4	623	7	10	0	1	6	183	5	6	1	1	2	855
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/14/2024 - 10/27/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) Not Applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)			EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026	
SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION				
EMPLOYER IDENTIFICATION				
OFS COMPANY ID 1066043		EMPLOYER NAME EQT CORPORATION		
ADDRESS 625 LIBERTY AVENUE, SUITE 1700		CITY/TOWN PITTSBURGH	STATE PA	ZIP CODE 15222
CERTIFICATION COMMENTS (optional)				
Increase in employees and establishments in 2024 due to acquisition of Equitrans Midstream Corporation.				
CERTIFICATION STATEMENT				
<i>"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."</i> <b>Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.</b>				
DATE OF CERTIFICATION				
6/17/2025 1:00 PM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Melissa Lauteri		Title of Certifying Official Total Rewards Consultant		
Email Address of Certifying Official melissa.lauteri@eqt.com		Telephone Number of Certifying Official 412-605-4045		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Melissa Lauteri		Title and Employer of Primary POC Total Rewards Consultant EQT Corporation		
Email Address of Primary POC melissa.lauteri@eqt.com		Telephone Number of Primary POC 412-605-4045		