U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

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

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

3658

						E OF RI D REP										
		SECT	ION B	-EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID	OFS COMPANY ID EMPLOYER NAME															
F186824	F186824 KLA Corporation															
ADDRESS	CITY/TOWN									STATE	ATE ZIP CODE					
1 TECHNOLOGY DRIVE						MILPITAS						CA 95035				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HO/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
HQ/ESTABLISHMENT-LEVEL UNIT ID					пеаро	UAKIE	CS OK ES	IADLIS	DIMEN	I-LEVEL	NAME					
HEADQUARTERS OR ESTABLISHME	HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS							CITY/TOWN						STATE ZIP CODE		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 042564110																
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): MDYMRNJZ36U3																
☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)																
X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)																
1ES (readquarters is rederal Contractor) 1 1ES (Non-readquarters Establishment is rederal Contractor)																
X YES (One or More Non-Headquarters Establishments is Federal Contractor)																
SECTION G – NAICS INFORMATION 334515 - Instrument Manufacturing for Measuring and Testing Electricity and Electrical Signals																
SECTION H - WORKFORCE DEMOGRAPHIC DATA																
							Race/E	thnicity	,							
		Not Hispanic or Latino														
	or La	atino		Male Female												
						_						_				
				L		Native Hawaiian or Other Pacific Islander	p	Two or More Races		Ę		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		
JOB CATEGORIES				Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Зас		Black or African American		an	American Indian or Alaska Native	Sac	Row	
JOB CATEGORIES	o	ale ale	ē	∆fri car	⊑	vaii c Is	ndi lat	e F	ē	or	⊑	/aii	ndj Iat	ē	Total	
	Male	Female	White	ck or Afric American	Asian	lav :ific	ın l	Nor	White	Black or an Amer	Asian	i a s	ın l	₫		
	~	Fe	>	ke Am	⋖	е Н	ica	J.	>	Bla	V	Рас	ica	_		
				ilac ,		tiv	ner Ala	O _O		fric		tiv er I	ner Ala	õ		
				Ш		N H	An	≥		¥		R &	An	≥		
Executive/Senior Level Officials and Managers	1	0	50	0	21	0	0	1	8	1	5	0	0	0	87	
First/Mid-Level Officials and Managers	30	8	291	4	241	0	1	3	75	1	77	0	2	3	736	
Professionals	99	32	936	36	1052	6	3	38	194	16	336	3	0	13	2764	
Technicians Sales Workers	59 1	8	240 7	21 0	327 0	9	0	13 0	17 0	0	44 0	0	0	0	744 8	
Administrative Support Workers	8	12	10	1	6	1	0	2	13	1	10	1	1	3	69	
Craft Workers	2	0	4	0	0	0	0	0	1	0	2	0	0	0	9	
Operatives	5	2	1	0	4	0	0	0	2	0	8	0	0	0	22	
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	205	62	1539	62	1651	16	5	57	310	19	482	5	4	22	4439	

1329 SECTION I – WORKFORCE SNAPSHOT PERIOD

1319

12/5/2022 - 12/18/2022

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

Not Applicable

PRIOR 2021 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME F186824 **KLA Corporation** CITY/TOWN ADDRESS STATE ZIP CODE 1 TECHNOLOGY DRIVE **MILPITAS** CA 95035

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 12/4/2023 4:26 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Joni Podolsky	Director, Global Inclusion & Diversity						
Email Address of Certifying Official	Telephone Number of Certifying Official						
Joni.Podolsky@kla-tencor.com	408-875-6261						
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING							
Name of Primary POC	Title and Employer of Primary POC						
Hilary Ayers	Program Manager, Global Inclusion & Diversity						
	KLA Corporation						
Email Address of Primary POC	Telephone Number of Primary POC						
hilary.ayers@kla-tencor.com	208-661-9144						