U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

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

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				TON A												
				ONSOL												
		SECT	TION B	– EMP	LOYE	R IDEN										
OFS COMPANY ID	EMPLOYER NAME KLA Corporation															
F186824							KLA (Corpora	ition							
ADDRESS	ADDRESS						CITY/TOWN						STATE ZIP CODE			
1 TECHNOLOGY DRIVE						MILPITAS						CA 95035			35	
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMENT	-LEVEL	NAME					
HEADQUARTERS OR ESTABLISHMI	LISHMENT-LEVEL ADDRESS					CITY/TOWN						STATE ZIP COD			DE	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)																
042564110																
		SECTION	ON E -	EMPL			ELIGI	BILITY	Y							
X YES (Employer Is Eligible										NO LON	IGER I	N BUSI	NESS			
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : MDYMRNJZ36U3																
YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)																
▼ YES (Headquarters is Federal Contractor) ▼ YES (Non-Headquarters Establishment is Federal Contractor)																
X YES (F	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	lquarter	s Establi	shment	is Feder	al Contr	actor)			
		XY	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments is	s Federa	l Contra	ictor)				
				N G - 1												
334515 - Instrument Manufacturing for Measuring and Testing Electricity and Electrical Signals																
SECTION H - WORKFORCE DEMOGRAPHIC DATA																
Race/Ethnicity																
		Hispanic or Latino			М	Not Hispanic or Latino Male						nale				
	0. 2.															
						z je	-	S		_		or der	-	S		
				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row	
JOB CATEGORIES	_	<u>o</u>		fric	_	aiia	idia ativ	ΩŽ	40	o eri	_	Native Hawaiian Other Pacific Islan	dia ati	S. S.	Total	
	Male	Female	White	ck or Afric American	Asian	aw	L S	0.0	White	Black or an Amer	Asian	aw ific	드 <u>중</u>	lore	· O.u.	
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Executive/Senior Level Officials and Managers	1	0	49	1	17	0	0	1	10	1	5	0	0	0	85	
First/Mid-Level Officials and Managers Professionals	34 130	7 36	339 1040	5 43	296 1144	1 8	2	48	79 205	2 17	91 321	3	2	3 10	865 3008	
Technicians	37	6	61	11	232	7	1	11	5	0	37	1	0	3	412	
Sales Workers	3	1	28	1	9	0	0	0	9	0	17	0	0	1	69	
Administrative Support Workers	1	6	8	2	8	0	0	0	17	1	11	1	1	3	59	
Craft Workers Operatives	19	0 11	3 26	0 4	0 11	2	0	0	0 11	0	0 19	0	0	0	5 103	
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 2023 REPORTING YEAR TOTAL	227	67	1554	67	1717	18	5	64	336	21	501	5	4	20	4606	
PRIOR 2022 REPORTING YEAR TOTAL	205	62	1539	62	1651	16	5	57	310	19	482	5	4	22	4439	
		SECTIO		WORK				PERIO)							

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

Not Applicable

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME F186824 **KLA Corporation** ADDRESS CITY/TOWN STATE ZIP CODE 1 TECHNOLOGY DRIVE **MILPITAS** 95035 CA 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 5/30/2024 2:43 PM [EST] EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official Joni Podolsky Senior 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 Title and Employer of Primary POC

Program Manager, Global Inclusion & Diversity

Telephone Number of Primary POC

734-210-6658

Name of Primary POC

Hilary Ayers

Email Address of Primary POC

hilary.ayers@kla-tencor.com