EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026				
			SECT	ION A	– TYPI	E OF RI	EPORT				I					
			С	ONSO	LIDATE	D REP	ORT									
SECTION B - EMPLOYER IDENTIFICATION																
OFS COMPANY ID	EMPLOYER NAME															
GX93523	QORVO US INC															
ADDRESS				CITY/TOWN								STATE ZIP CODE				
7628 THORNDIKE ROAD				GREENSBORO								NC 27409)9	
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if ap												licable)				
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
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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): Unavailable																
YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)																
YES (Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)																
X YES (One or More Non-Headquarters Establishments is Federal Contractor)																
SECTION G - NAICS INFORMATION																
334413 - Semiconductor and Related Device Manufacturing																
SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity																
	Hispanic Not Hispanic or Latino															
		or Latino					Male					Female				
JOB CATEGORIES				_		o der	ō	es		_		or	ō	es		
				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row	
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	31	8	83 328	23	12 65	0	0	6	6 68	7	1 18	0	0	1	107 555	
Professionals	89	30	840	58	473	2	2	26	192	29	175	1	1	5	1923	
Technicians	54	5	429	69	120	5	2	13	55	17	22	0	0	2	793	

SECTION I - WORKFORCE SNAPSHOT PERIOD 11/5/2023 - 11/18/2023

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

Not Applicable

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

CURRENT 2023 REPORTING YEAR TOTAL

PRIOR 2022 REPORTING YEAR TOTAL

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 GX93523 **QORVOUS INC** ADDRESS CITY/TOWN STATE ZIP CODE **GREENSBORO** NC **7628 THORNDIKE ROAD** 27409 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 6/4/2024 12:15 PM [EST] EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official Leslie Stoddard **HR Business Analyst** Email Address of Certifying Official Telephone Number of Certifying Official leslie.stoddard@gorvo.com 503-615-9465 PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING Title and Employer of Primary POC Name of Primary POC **HR Business Analyst**

Qorvo

503-615-9465

Telephone Number of Primary POC

Leslie Stoddard

Email Address of Primary POC

leslie.stoddard@qorvo.com