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:													e: 11/30/	2026	
						E OF RI									
						D REP									
		SECT	TION B	- EMP	PLOYE	R IDEN									
OFS COMPANY ID	EMPLOYER NAME														
0640563	COHU INC														
ADDRESS						CITY/TOWN						STATE	STATE ZIP CODE		
12367 CROSTHWAITE CIRCLE						POWAY						CA	92064		
SECTION C - H	EADOL	ARTE	RS OR	ESTAB	RLISHN	AENT-I	EVEL.	IDENT	IFICA	FION (it	f annlica	able)			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HEADONA DEED COD ECTA DI ICHM	ENTE LEX	/EL ADI	DECC				CI	TVTOV	75.7			CTATE		ZID.CC	DE
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN						STATE ZIP CODE			DE
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 952487577															
		SECTI	ONE				FLICI	DII ITY	V						
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) Living Entity ID (HEI): CRIVACEAL DIM IO															
Unique Entity ID (UEI): CRV1G64LDMJ9															
☐ YES (Single-Establishment Employer is Federal Contractor) 🗵 YES (Multi-Establishment Employer is Federal Contractor)															
YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)															
YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 23.45.15 Instrument Manufacturing for Managering and Tacting Floatricity and Floatrical Signals															
334515 - Instrument Manufacturing for Measuring and Testing Electricity and Electrical Signals SECTION H – WORKFORCE DEMOGRAPHIC DATA															
SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity															
	Hier	anic								atino					
JOB CATEGORIES		atino		Not Hispanic or Latino Male Female											
						~ <u>a</u>	_	S		_		~ <u>ē</u>	ō	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	e e	Two or More Races	Row
		Φ		iric	_	iia Isla	nerican Indian Alaska Native	8	_	or eri	_	iia Isli	American Indian Alaska Native	8	Total
	Male	Jaj	ite	Ę; ¥	ian	ij 🦠	ĽΣ	ore	ite	k e	ian	i	Ξž	ore	Iolai
	ĕ	Female	White	ck or Afric American	Asian	ac Ha	an ka	Š	White	Black or an Amer	Asian	E Ha	ika ika	Š	
		ш.		A Z		δĢ	eric las	ō		B Si		δĢ	aric las	ō	
				B		ati	m A	۷o		Λfr		ati	≝ ⋖	٧o	
						z	⋖	ŕ		_ `		ᄝ	⋖	ŕ	
F (0 10"		<u> </u>													45
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	6	0 2	9 66	2	1 14	0	0	2	2 25	0	6	0	0	0	13 125
Professionals	16	7	113	6	26	1	0	1	14	0	14	2	0	0	200
Technicians	3	0	21	1	9	1	1	1	1	0	2	0	0	0	40
Sales Workers	1	0	7	0	1	0	0	0	2	0	0	0	0	0	11
Administrative Support Workers	2	3	0	0	3	0	0	0	16	0	8	0	0	2	34
Craft Workers Operatives	1	9	9	0	1 8	0	0	0	6	0	0 13	0	0	0	6 46
Laborers and Helpers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2024 REPORTING YEAR TOTAL	31	21	230	10	63	2	1	4	66	1	43	2	0	3	477

81 SECTION I – WORKFORCE SNAPSHOT PERIOD

23

258

12/9/2024 - 12/27/2024

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

Not Applicable

PRIOR 2023 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 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 0640563 **COHU INC** ADDRESS CITY/TOWN STATE ZIP CODE 12367 CROSTHWAITE CIRCLE 92064 **POWAY** 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 6/5/2025 8:56 PM [EST] EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official SR DIRECTOR HR JILL BARRES7814675327 Email Address of Certifying Official Telephone Number of Certifying Official jill.barres@cohu.com 781-467-5327 PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING Title and Employer of Primary POC Name of Primary POC SR DIRECTOR HR JILL BARRES7814675327 **COHU INC**

Telephone Number of Primary POC 781-467-5327

Email Address of Primary POC

jill.barres@cohu.com

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT HEADQUARTERS REPORT SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 0640563 **COHU INC** ADDRESS CITY/TOWN STATE ZIP CODE 12367 CROSTHWAITE CIRCLE **POWAY** 92064 CA SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME 0640563 DELTA DESIGN INC. HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 12367 CROSTHWAITE CIRCLE **POWAY** CA 92064 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952487577 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): CRV1G64LDMJ9 ☐ 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) **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/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or -emale More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 10 0 First/Mid-Level Officials and Managers 30 58 4 0 0 0 Professionals 11 6 37 1 13 1 0 0 3 0 8 2 0 0 82 Technicians 14 29 Sales Workers 0 0 2 0 1 0 0 0 0 0 0 0 0 4 Administrative Support Workers 0 0 0 0 0 0 0 20 Craft Workers 0 0 0 0 0 0 0 3 0 0 0 0 0 0 0 0 0 10 Operatives 4 2 Laborers and Helpers 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 **CURRENT 2024 REPORTING YEAR TOTAL** 22 14 94 36 3 21 0 19 2 0 2 220 **PRIOR 2023 REPORTING YEAR TOTAL** 22 41 3 0 232 SECTION I - WORKFORCE SNAPSHOT PERIOD

12092024 - 1227202

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

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) OMB Control Number: 3046-0049 Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 0640563 **COHU INC** ADDRESS CITY/TOWN STATE ZIP CODE 12367 CROSTHWAITE CIRCLE **POWAY** 92064 CA SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME AU48686 CIS LLC ST PAUL HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 4444 CENTERVILLE ROAD SUITE 105 SAINT PAUL MN 55127 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952487577 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) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal 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/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or -emale More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 First/Mid-Level Officials and Managers 0 17 0 0 0 0 0 Professionals 0 9 0 2 0 0 0 1 0 3 0 0 0 16 Technicians 0 0 Sales Workers 1 0 0 0 0 0 0 0 0 0 0 0 0 2 Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 4 Craft Workers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 4 Operatives Laborers and Helpers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 Service Workers 0 0 0 0 0 0 0 0 0 0 **CURRENT 2024 REPORTING YEAR TOTAL** 19 0 0 0 0 14 0 5 0 0 47 **PRIOR 2023 REPORTING YEAR TOTAL** 8 0 5 0 0 58 SECTION I - WORKFORCE SNAPSHOT PERIOD 12092024 - 1227202 SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 0640563 **COHU INC** ADDRESS CITY/TOWN STATE ZIP CODE 12367 CROSTHWAITE CIRCLE **POWAY** 92064 CA SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME AU48703 **EVERETT CHARLES TCHNOLOGIES** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE **6 COURT STREET** LINCOLN 02865 RΙ SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 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) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal 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/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or -emale More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 0 First/Mid-Level Officials and Managers 0 0 5 0 0 0 0 Professionals 0 0 4 0 0 0 0 0 1 0 0 0 0 0 5 Technicians 0 0 0 Sales Workers 0 0 1 0 0 0 0 0 0 0 0 0 0 0 1 Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 4 Craft Workers 0 0 0 0 0 0 0 0 6 0 0 0 0 5 0 10 0 0 0 29 Operatives 7 Laborers and Helpers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 Service Workers 0 0 0 0 0 0 0 0 0 0 0 **CURRENT 2024 REPORTING YEAR TOTAL** 0 6 16 0 0 0 0 11 0 11 0 0 0 45 **PRIOR 2023 REPORTING YEAR TOTAL** 0 13 0 0 48 SECTION I - WORKFORCE SNAPSHOT PERIOD 12092024 - 1227202 SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 0640563 **COHU INC** ADDRESS CITY/TOWN STATE ZIP CODE 12367 CROSTHWAITE CIRCLE **POWAY** 92064 CA SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME FM53546 **XCERRA CORPORATION** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 825 UNIVERSITY AVENUE **NORWOOD** 02062 MA SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952487577 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) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal 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/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or -emale More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 19 34 First/Mid-Level Officials and Managers 2 0 0 0 0 0 0 Professionals 4 0 48 5 5 0 0 1 7 0 2 0 0 0 72 Technicians 0 0 6 Sales Workers 0 0 2 0 0 0 0 0 0 0 0 0 0 0 2 Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 5 Craft Workers 0 1 Operatives Laborers and Helpers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 Service Workers 0 0 0 0 0 0 0 0 0 0 0 **CURRENT 2024 REPORTING YEAR TOTAL** 6 0 77 5 10 0 0 17 5 0 0 0 122 **PRIOR 2023 REPORTING YEAR TOTAL** 0 0 0 137 SECTION I - WORKFORCE SNAPSHOT PERIOD 12092024 - 1227202 SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) OMB Control Number: 3046-0049 Expiration Date: 11/30/2026 SECTION A - TYPE OF REPORT **ESTABLISHMENT-LEVEL REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 0640563 **COHU INC** ADDRESS CITY/TOWN STATE ZIP CODE 12367 CROSTHWAITE CIRCLE **POWAY** 92064 CA SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME M031656 **XCERRA MILPITAS** HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 880 N MCCARTHY BLVD SUITE 100 **MILPITAS** CA 95035 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 952487577 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) ☒ YES (Multi-Establishment Employer is Federal Contractor) X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal 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/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islande Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races nerican Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or -emale More Total White Asian White Asian Male American Two or Executive/Senior Level Officials and Managers 0 0 0 0 First/Mid-Level Officials and Managers 0 11 6 0 0 0 0 Professionals 1 0 15 0 6 0 0 0 2 0 1 0 0 0 25 Technicians 0 0 Sales Workers 0 0 2 0 0 0 0 0 0 0 0 0 0 0 2 Administrative Support Workers 0 0 0 0 0 0 0 0 0 0 0 0 Craft Workers 0 2 Operatives 1 Laborers and Helpers 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 Service Workers 0 0 0 0 0 0 0 0 0 0 0 **CURRENT 2024 REPORTING YEAR TOTAL** 2 24 0 10 0 0 0 0 3 0 0 0 43 **PRIOR 2023 REPORTING YEAR TOTAL** 15 0 10 0 0 74 SECTION I - WORKFORCE SNAPSHOT PERIOD 12092024 - 1227202 SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)