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 A - TYPE OF REPORT CONSOLIDATED 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 HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 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): 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) 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 ō Ň Executive/Senior Level Officials and Managers 10 0 0 14 First/Mid-Level Officials and Managers 4 83 14 141 0 Professionals 15 8 123 5 38 1 0 1 19 0 18 2 0 0 230 Technicians 13 Sales Workers 1 0 4 0 1 0 0 0 2 0 0 0 0 9 Administrative Support Workers 0 0 19 0 0 42 Craft Workers 2 0 0 0 0 0 0 0 9 11 2 11 0 0 0 10 0 17 0 0 0 61 Operatives 1 Laborers and Helpers 0 0 0 0 0 0 0 0 0 0 0 0

84 SECTION I - WORKFORCE SNAPSHOT PERIOD

0

81

0

3

0

0

0

3

0

77

0

0

3

0

0

56

0

0

3

0

549

557

0

258

0

10

10

0

29

0

23

12/15/2023 - 12/31/202

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

Not Applicable

Service Workers

CURRENT 2023 REPORTING YEAR TOTAL

PRIOR 2022 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 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 0640563 **COHU INC** ADDRESS CITY/TOWN STATE ZIP CODE 12367 CROSTHWAITE CIRCLE **POWAY** 92064 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 5/24/2024 6:11 PM [EST] EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official Email Address of Certifying Official Telephone Number of Certifying Official PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING Name of Primary POC Email Address of Primary POC Telephone Number of Primary POC