## 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

													Expiration Date: 11/30/2026			
			SECT	TON A	– TYPI	E OF RI	EPORT									
			С	ONSOL	IDATE	D REP	ORT									
		SECT	TION B	– EMP	LOYE	R IDEN										
OFS COMPANY ID	EMPLOYER NAME															
M674440	TRIMBLE															
ADDRESS	ESS					CITY/TOWN						STATE ZIP CODE			DDE	
935 STEWART DRIVE						SUNNYVALE						CA 94085			35	
SECTION C -	HEADOL	ARTE	RS OR	ESTAB	LISHA	IENT-I	EVEL:	IDENT	IFICAT	TION (if	annlica	hle)				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
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HEADOUADTEDS OD ESTADLISH	IMENT I EVEL ADDRESS					CITY/POWN						STATE ZIP COL			NDE	
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS					CITY/TOWN						STATE ZIP CODE			DDE		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 942802192																
SECTION E – EMPLOYER FILING ELIGIBILITY																
X YES (Employer Is Eligib	ole to File)	□ NO	(Empl	oyer Is N	lot Eligi	ible to F	ile)	EMPL	OYER I	NO LON	IGER I	N BUS	INESS			
S	ECTION								if applic	able)						
Unique Entity ID (UEI): XNL9Q2AZ3M47  ☐ YES (Single-Establishment Employer is Federal Contractor)  ☐ YES (Multi-Establishment Employer is Federal Contractor)																
☐ YES (Single-Establish	ment Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)			
X YES	(Headqua	rters is l	Federal	Contrac	tor)	YES (N	Ion-Head	lauarter	s Establ	ishment	is Feder	al Contr	actor)			
	(Troudqua			ne or Mo	. —			•					uctor)			
										, 1 00010	Commi					
SECTION G – NAICS INFORMATION  334511 - Search, Detection, Navigation, Guidance, Aeronautical, and Nautical System and Instrument Manufacturing																
SECTION H – WORKFORCE DEMOGRAPHIC DATA																
							Race/E		•							
		Hispanic					Not Hispanic or Latino									
	or L	atino		Male						Female						
JOB CATEGORIES												. 5				
				⊊		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	ي م	Two or More Races		
				Black or African American		iar	nerican Indian Alaska Native	Ra		Black or African American		Native Hawaiian Other Pacific Islan	American Indian or Alaska Native	Ra	Row	
	<u>o</u>	Female	White	ck or Afric American	Asian	wai ic l	Ind	re	White	Black or an Amer	Asian	wai ic Is	Ind Na	ē	Total	
	Male	e H	ξ	or ner	Asi	Ha	an ka	Mo	¥	acl A r	Asi	Ha	an ka	€		
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Executive/Senior Level Officials and Managers	1	1	72	2	8	0	4	0	20	1	4	1	0	1	112	
First/Mid-Level Officials and Managers	25	17	571	23	62	1	1	7	243	7	46	1	0	5	1009	
Professionals	101	52	1471	83	234	5	9	42	585	40	163	3	2	23	2813	
Technicians	10	1	85	16	21	0	0	4	25	4	9	0	0	1	176	
Sales Workers	22	10	386	8	12	0	2	10	152	3	4	0	1	4	614	
Administrative Support Workers Craft Workers	9	12 0	104 0	36 0	10 0	0	0	7	135 0	20 0	19 0	0	0	0	363 0	
Operatives	0	0	9	1	0	0	0	0	6	1	0	0	1	0	18	
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 TOTA	L 168	93	2698	169	347	7	14	70	1166	76	245	6	4	42	5105	
PRIOR 2022 REPORTING YEAR TOTA	<b>L</b> 202	101	2954	201	428	9	16	74	1277	104	278	6	12	53	5715	
		SECTION		WORK 12/16/2				PERIO	D	1		1			ı	
				12/10/2	.∪∠3 - 1	2/31/2U	123									

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 M674440 **TRIMBLE** ADDRESS CITY/TOWN STATE ZIP CODE **SUNNYVALE** 94085 935 STEWART DRIVE 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 5/15/2024 12:21 PM [EST] EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official Jennifer Bates Sr. Manager, PX Compliance and Investigations Email Address of Certifying Official Telephone Number of Certifying Official jennifer\_bates@trimble.com 937-545-2984 PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING Title and Employer of Primary POC Name of Primary POC Sr. Manager, PX Compliance and Investigations Jennifer Bates Trimble

Telephone Number of Primary POC

937-545-2984

Email Address of Primary POC

jennifer\_bates@trimble.com