U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100)

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)											OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
			SECT	TION A	- TYP	E OF R	EPORT	,			I					
			C	ONSO	LIDATE	D REP	ORT									
		SECT	TION E	B – EMP	LOYE	R IDEN										
OFS COMPANY ID EMPLOYER NAME																
K155781	K155781 KOHL'S CORPORATE OFFICES															
ADDRESS							CITY/TOWN							STATE ZIP CODE		
N56 W17000 RIDGEWOOD DR						MENOMONEE FALLS						WI 5305			51	
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																
HQ/ESTABLISHMENT-LEVEL UNIT ID	<i>n</i> IDQC	711K1L	NO OK							T-LEVEL		ioic)				
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE											DE					
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SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)																
	SECTI	ON D -	- EMPI				TION N	NUMBE	ER (EIN	0)						
133357362																
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): Not Applicable																
YES (Single-Establishment Employer is Federal Contractor) TYES (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																
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	SF	CTIO				ment S DEMO		HIC DA	ТА							
	51	201101	111 - 1	VOKKI	OKCE											
	Race/Ethnicity Hispanic Not Hispanic or Latino															
		or Latino			M	Male				Latino	Fer	emale			1	
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				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	ke a	Two or More Races	Row	
JOB CATEGORIES		Φ		fric	_	isi si	nerican Indian Alaska Native	2		o eri	_	is is	nerican Indian Alaska Native	<u> </u>	Total	
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Executive/Senior Level Officials and Managers	2	2	66	2	4	1	0	0	62	3	2	0	0	0	144	
First/Mid-Level Officials and Managers	175	367	1012	110	54	7	6	27	2188	192	72	12	12	39	4273	
Professionals	108	142	718	96	177	1	6	20	1434	121	134	3	3	42	3005	
Technicians	0	15020	7	0	900	0	0	0	0	0	0	100	0	1007	11	
Sales Workers Administrative Support Workers	4252 101	15828 481	8376 191	2787 43	890 15	66 1	204 4	630 11	37646 1578	9881 303	3527 64	190 7	810 18	1887 47	86974 2864	
Craft Workers	27	1	122	9	5	1	2	9	2	0	0	0	0	0	178	
Operatives	0	5	2	1	0	0	0	0	33	1	0	0	0	0	42	
Laborers and Helpers	734	1236	1194	1311	227	9	39	126	1375	1522	310	16	31	113	8243	
Service Workers	137	77	266	77	10	1	3	21	133	33	9	0	1	7	775	
CURRENT 2023 REPORTING YEAR TOTAL	5536	18139	11954	4436	1386	87	264	844	44451	12056	4118	228	875	2135	106509	
DDIOD 2022 DEPORTING VEAR TOTAL	4906	16285	11675	4836	1343	80	243	854	43196	12159	3780	243	884	2182	102666	
PRIOR 2022 REPORTING YEAR TOTAL	+300	10203	11075	4030	1343	00	243	054	+3130	12139	3700	243	004	2102	102000	

SECTION I – WORKFORCE SNAPSHOT PERIOD 10/1/2023 - 10/7/2023

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

Not Applicable

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

SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

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 5/31/2024 2:52 PM [EST]

0,01,7021 111 [201]							
EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Bethany Keller	enior Vice President, People Operations & Digital						
Email Address of Certifying Official	Telephone Number of Certifying Official						
bethany.keller@kohls.com	414-350-7285						
PRIMARY POINT OF CONTACT (POC)	FOR EEO-1 COMPONENT 1 REPORTING						
Name of Primary POC	Title and Employer of Primary POC						
Bethany Keller	enior Vice President, People Operations & Digital						
,	Kohl's						
Email Address of Primary POC	Telephone Number of Primary POC						
bethany.keller@kohls.com	414-350-7285						