

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: 11/30/2026					
SECTION A – TYPE OF REPORT CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID K155781			EMPLOYER NAME KOHL'S CORPORATE OFFICES												
ADDRESS N56 W17000 RIDGEWOOD DR						CITY/TOWN MENOMONEE FALLS				STATE WI		ZIP CODE 53051			
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) 133357362															
SECTION E – EMPLOYER FILING ELIGIBILITY ☒ 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) ☐ 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 455110 - Department Stores															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	4	2	73	3	2	0	0	0	72	6	2	0	1	1	166
First/Mid-Level Officials and Managers	174	378	941	153	53	11	6	26	2115	223	68	14	17	40	4219
Professionals	104	144	719	91	145	1	5	20	1420	135	128	4	5	41	2962
Technicians	38	75	78	15	14	0	1	3	335	46	24	0	1	8	638
Sales Workers	3441	13893	7027	2126	682	48	141	545	32961	8234	3252	209	644	1520	74723
Administrative Support Workers	172	600	222	52	16	0	5	15	1727	340	80	8	26	71	3334
Craft Workers	33	1	115	10	6	1	0	8	8	0	0	0	0	1	183
Operatives	0	4	2	1	0	0	0	0	28	1	0	0	0	0	36
Laborers and Helpers	919	1402	1229	1599	240	17	35	130	1348	1701	307	19	25	118	9089
Service Workers	169	95	284	101	11	1	3	32	165	56	7	1	3	11	939
CURRENT 2024 REPORTING YEAR TOTAL	5054	16594	10690	4151	1169	79	196	779	40179	10742	3868	255	722	1811	96289
PRIOR 2023 REPORTING YEAR TOTAL	5536	18139	11954	4436	1386	87	264	844	44451	12056	4118	228	875	2135	106509
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/6/2024 - 10/12/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) Not Applicable															

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION				
EMPLOYER IDENTIFICATION				
OFS COMPANY ID K155781		EMPLOYER NAME KOHL'S CORPORATE OFFICES		
ADDRESS N56 W17000 RIDGEWOOD DR		CITY/TOWN MENOMONEE FALLS	STATE WI	ZIP CODE 53051
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 6/24/2025 8:00 PM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Bethany Keller		Title of Certifying Official Senior Vice President, People Operations		
Email Address of Certifying Official bethany.keller@kohls.com		Telephone Number of Certifying Official 262-703-3379		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Bethany Keller		Title and Employer of Primary POC Senior Vice President, People Operations Kohl's Corporation		
Email Address of Primary POC bethany.keller@kohls.com		Telephone Number of Primary POC 262-703-3379		