

<b>U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)</b> <b>2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)</b>										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
<b>SECTION A – TYPE OF REPORT</b> CONSOLIDATED REPORT															
<b>SECTION B – EMPLOYER IDENTIFICATION</b>															
OFS COMPANY ID 8338633			EMPLOYER NAME TEXAS INSTRUMENTS INCORPORATED												
ADDRESS 12500 TI Blvd, c/o Melinda Hocking MS B4000							CITY/TOWN DALLAS			STATE TX		ZIP CODE 75243			
<b>SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION</b> (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS							CITY/TOWN			STATE		ZIP CODE			
<b>SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 750289970															
<b>SECTION E – EMPLOYER FILING ELIGIBILITY</b> <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
<b>SECTION F – FEDERAL CONTRACTOR DESIGNATION</b> (if applicable) Unique Entity ID (UEI): PKREKFQF7W69 <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input checked="" type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
<b>SECTION G – NAICS INFORMATION</b> 334413 - Semiconductor and Related Device Manufacturing															
<b>SECTION H – WORKFORCE DEMOGRAPHIC DATA</b>															
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	1	0	17	3	5	0	0	0	5	0	2	0	0	0	33
First/Mid-Level Officials and Managers	145	40	1061	94	460	1	4	26	266	33	147	0	4	4	2285
Professionals	546	175	2624	254	1497	6	12	97	663	106	515	1	3	49	6548
Technicians	333	42	1252	210	149	3	11	38	121	26	42	1	0	7	2235
Sales Workers	25	5	261	3	46	0	0	3	43	2	22	0	0	1	411
Administrative Support Workers	7	28	34	9	4	0	0	0	98	27	7	0	1	3	218
Craft Workers	70	4	243	28	10	2	2	12	3	0	1	0	0	0	375
Operatives	294	134	523	392	148	1	8	35	251	225	70	2	8	18	2109
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	4	3	9	3	0	0	0	1	5	3	0	0	0	0	28
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	1425	431	6024	996	2319	13	37	212	1455	422	806	4	16	82	14242
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	1281	372	5895	956	2145	13	39	190	1405	398	753	3	22	74	13546
<b>SECTION I – WORKFORCE SNAPSHOT PERIOD</b> 12/16/2023 - 12/31/2023															
<b>SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS</b> (optional) Not Applicable															

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION				
EMPLOYER IDENTIFICATION				
OFS COMPANY ID 8338633		EMPLOYER NAME TEXAS INSTRUMENTS INCORPORATED		
ADDRESS 12500 TI Blvd, c/o Melinda Hocking MS B4000		CITY/TOWN DALLAS	STATE TX	ZIP CODE 75243
CERTIFICATION COMMENTS (optional)				
No Certification Comments Provided				
CERTIFICATION STATEMENT <i>"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."</i> <b>Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.</b>				
DATE OF CERTIFICATION 5/30/2024 5:35 PM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Melinda Hocking		Title of Certifying Official HR Operations Mgr		
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 Melinda Hocking		Title and Employer of Primary POC HR Operations Mgr TEXAS INSTRUMENTS INCORPORATED		
Email Address of Primary POC		Telephone Number of Primary POC		