

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 X395083			EMPLOYER NAME POWER INTEGRATIONS INC												
ADDRESS 5245 HELLYER AVENUE						CITY/TOWN SAN JOSE				STATE CA		ZIP CODE 95138			
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) 943065014															
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 334413 - Semiconductor and Related Device Manufacturing															
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	1	0	10	1	9	0	0	0	0	0	1	0	0	0	22
First/Mid-Level Officials and Managers	1	1	21	1	31	0	0	1	3	0	8	2	0	0	69
Professionals	4	3	39	3	86	0	0	1	2	1	24	0	0	0	163
Technicians	6	0	8	2	22	0	0	0	2	0	13	1	0	0	54
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	1	2	0	1	6	0	0	0	4	0	4	2	0	0	20
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	1	0	0	3	0	0	0	0	0	5	0	0	0	10
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 2024 REPORTING YEAR TOTAL	14	7	80	8	157	0	0	2	11	1	55	5	0	0	340
PRIOR 2023 REPORTING YEAR TOTAL	13	9	81	5	156	1	0	2	12	0	56	5	0	0	340
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/28/2024 - 11/10/2024															
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 X395083		EMPLOYER NAME POWER INTEGRATIONS INC		
ADDRESS 5245 HELLYER AVENUE		CITY/TOWN SAN JOSE	STATE CA	ZIP CODE 95138
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 6/12/2025 2:20 PM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Andre Kessler		Title of Certifying Official Sr HR Manager		
Email Address of Certifying Official andre.kessler@power.com		Telephone Number of Certifying Official 669-291-4416		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Andre Kessler		Title and Employer of Primary POC Sr HR Manager Power Integrations		
Email Address of Primary POC andre.kessler@power.com		Telephone Number of Primary POC 669-291-4416		