EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A - TYPE OF REPORT CONSOLIDATED REPORT SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME X128612 **EBAY INC** ADDRESS CITY/TOWN STATE ZIP CODE 2065 HAMILTON AVE **SAN JOSE** CA 95125 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)

770430924

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 (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

459999 - All Other Miscellaneous Retailers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	1 H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
JOB CATEGORIES	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	Row Total
Executive/Senior Level Officials and Managers	2	3	39	4	8	0	0	0	17	1	7	0	0	1	82
First/Mid-Level Officials and Managers	39	34	473	17	351	0	1	11	299	20	224	2	0	10	1481
Professionals	146	85	1097	110	1548	6	5	32	478	53	807	2	5	21	4395
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	17	0	0	0	0	0	4	0	1	0	0	0	23
Administrative Support Workers	161	164	419	77	13	8	1	12	506	216	20	9	7	29	1642
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 2022 REPORTING YEAR TOTAL	349	286	2045	208	1920	14	7	55	1304	290	1059	13	12	61	7623
PRIOR 2021 REPORTING YEAR TOTAL	243	220	1606	104	1809	12	3	47	1058	172	934	11	9	63	6291

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/17/2022 - 12/31/2022

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 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) OMB Control Number: 3046-0049 Expiration Date: 08/31/2024 SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME X128612 **EBAY INC** ADDRESS CITY/TOWN STATE ZIP CODE 2065 HAMILTON AVE **SAN JOSE** CA 95125 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 12/14/2023 2:13 PM [EST] EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official **COMPLIANCE OFFICER - PEOPLE TEAM JASON CHANG** Email Address of Certifying Official Telephone Number of Certifying Official jaschang@ebay.com 866-767-3361 PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING Title and Employer of Primary POC Name of Primary POC

JASON CHANG

Email Address of Primary POC

jaschang@ebay.com

COMPLIANCE OFFICER - PEOPLE TEAM

eBay

Telephone Number of Primary POC 866-767-3361

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER IN	FORM	ATIO	N REI	PORT (EEO-1	COM	PONE	NT 1)					ontrol Nu ration Da		
			SECT	TONA	– TYPI	E OF RI	EPORT								-
			Н	EADQU	ARTE	RS REF	PORT								
		SECT	TION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N	AME						
X128612							EB	BAY INC	0						
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CC	DE
2065 HAMILTO	N AVE						S	AN JOS	SE			CA		9512	25
SECTION C – HI	EADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-I	EVEL	IDENT	IFICA	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
X128612							EB	BAY INC	0						
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADI	DRESS				CI	TY/TOW	VN			STATE		ZIP CC	DE
2065 HAMILTO	N AVE						S	AN JOS	SE			CA		9512	25
	SECTI	ON D -	- EMPI	LOYER	IDENT	TIFICA'	TION N	UMBE	R (EIN)					
	02011	0112	23.722		770430			011122	(22.	,					
		SECTION	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Eligi	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS		
SEC	CTION							TION (i	if applic	able)					
	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable ment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishm	ment Employer is Federal Contractor)														
☐ YES (F															
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				N G - I					iments 1	s Federa	ıı Contra	actor)			
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							Race/E	thnicity	у						
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	or La	atino		T	М	ale				1	Fer	nale			
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JOB CATEGORIES		4		Black or African American		iiar sla	nerican Indian Alaska Native	Ra		Black or African American		iiar sla	nerican Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	wa ic I	lnc Na	ore	White	Black or an Amer	Asian	ات ات	₽ E	ore	Total
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				B		ati	E P	۸o		₽ŧ		ati	₹ کا	8	
						Z 2	⋖	ŕ				Z 2	⋖	F	
Executive/Senior Level Officials and Managers	1	2	34	4	7	0	0	0	13	1	6	0	0	0	68
First/Mid-Level Officials and Managers	24	15	251	9	259	0	1	9	171	11	180	1	0	7	938
Professionals	101	49	570	89	1056	3	4	16	234	31	581	1	3	11	2749
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	0	0	0	0	0	1	0	1	0	0	0	4
Administrative Support Workers Craft Workers	121 0	127 0	304 0	61 0	8	7	0	8	362 0	143 0	17 0	0	5	19 0	1186 0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/17/2022 - 12/31/2022

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

na

CURRENT 2022 REPORTING YEAR TOTAL

PRIOR 2021 REPORTING YEAR TOTAL

EEOC Standard Form 100 (SF 100) Revised 08/2023

154

2022 EMPLOYER INI	OKM	ATIO	NKEF	OKT (EEO-	COM	PONE	NT1)					ation Dat		
						E OF RI NT REP									
		SECT	ION B	-EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
X128612							EB	BAY INC	;						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
2065 HAMILTO	N AVE						SA	OL NA	SE			CA		9512	25
SECTION C – HE	CADOLI	ARTEI	2S OR	FSTAR	LISHA	IENT.I	EVEL.	IDENT	IFICA	FION (if	annlica	ble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	<i>n</i> IDQC	MILI	AD OIL	LOTAL	HEADQ	UARTE	RS OR ES	TABLIS	HMENT	T-LEVEL	NAME	ioic)			
ER74936					`		Y INC S								
HEADQUARTERS OR ESTABLISHME	NT LEV	TEL ADD	DECC					TY/TOW				STATE	1	ZIP CO	DE
199 Fremor		EL ADD	KESS					FRANC							
												CA		9410	<i>J</i> 5
				7	70430)					
X YES (Employer Is Eligible						FILING ible to Fi				NO LON	IGER I	N BUSI	INESS		
SEC	CTION					OR DE		ΓΙΟΝ (i	f applic	able)					
	· ·														
YES (Single-Establishme	hment Employer is Federal Contractor)														
TYES (H	S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
	S (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														
						INFOR									
	SE					DEMO			ТА						
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	Hisp	anic						Hispan	•	atino					
	or La				М	ale	1401	порап	IC OI L	atino	Fen	nale			
JOB CATEGORIES	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	Row Total
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	2	5	12 30	2 5	12 69	0	0	0	11 28	3	7 49	0	0	0	51 195
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	195 0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	6	7	43	7	81	0	0	0	39	5	56	1	1	1	247

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/17/2022 - 12/31/2022

na

PRIOR 2021 REPORTING YEAR TOTAL

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER INI	FORM	ATIO	N REF	PORT (EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
			SECT	TON A	– TYPI	E OF RI	EPORT				<u> </u>				
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X128612								SAY INC							
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ADDRESS								TY/TOW				STATE		ZIP CO	
2065 HAMILTO	N AVE						SA	SOL NA	SE .			CA		9512	25
SECTION C - HE	CADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE					NAME				
EY87263						EI	BAY IN	C NEW	YORK	(
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
625 Avenue Of The	e Ameri	icas					NEW	YORK	CITY			NY		1001	1
	SECTI	ON D -	EMPI	LOYER	IDENT	TIFICA'	ΓΙΟΝ N	UMBE	R (EIN)					
				7	770430	924									
_						FILING									
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	Not Elig	ible to Fi	ile) 🔲	EMPLO	OYER I	NO LON	NGER I	IN BUS	INESS		
SEC	TION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA'	ΓΙΟΝ (i	f applic	able)					
	Unique Entity ID (UEI): Not Applicable shment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)														
YES (Single-Establishme	shment Employer is Federal Contractor) TYES (Multi-Establishment Employer is Federal Contractor)														
	hment Employer is Federal Contractor)														
☐ YES (H	S (Headquarters is Federal Contractor) TYES (Non-Headquarters Establishment is Federal Contractor)														
		□ Y	ES (Or	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
						INFOR									
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	SE	CHON	H – V	VORKE	ORCE	DEMO	Race/E								
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	Hisp or La				м	ale	NOt	Hispan	IC OF L	atino	Fon	nale			
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				E S		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	American Indian or Alaska Native	Two or More Races	_
JOB CATEGORIES		-		Black or African American		iiar sla	liar tiv	Ra		r Si		Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	Ra	Row
	<u>e</u>	Female	ite	ck or Afric American	an	vaj ic l	Inc Na	Ē	White	Black or an Amer	Asian	vai c l	Inc	ē	Total
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				ш		ž ž	Ā	≥		•		꿀둥	Ā	≥	
Executive/Senior Level Officials and Managers	0	0	0	0	1	0	0	0	0	0	1	0	0	0	2
First/Mid-Level Officials and Managers	2	1 5	8 34	1	10 65	1	0	2	15 23	6	3 23	0	0	2	43 164
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Administrative Support Workers	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 2022 REPORTING YEAR TOTAL	4	6	44	2	76	1	0	3	41	8	27	0	0	2	214

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/17/2022 - 12/31/2022

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

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EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A - TYPE OF REPORT **ESTABLISHMENT REPORT** SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME X128612 **EBAY INC** CITY/TOWN ADDRESS STATE ZIP CODE 2065 HAMILTON AVE **SAN JOSE** CA 95125 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME EY88561 WHI SOLUTIONS INC CALIFORNIA

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

28470 N. Ave Stanford, Suite 200

770430924

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) ☐ 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)

CITY/TOWN

SANTA CLARITA

STATE

CA

ZIP CODE

91355

SECTION G - NAICS INFORMATION

459999 - All Other Miscellaneous Retailers
SECTION H – WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity															
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	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	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	1	0	5	0	3	0	0	0	0	0	0	0	0	0	9
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 2022 REPORTING YEAR TOTAL	2	0	6	0	3	0	0	0	0	0	0	0	0	0	11
PRIOR 2021 REPORTING YEAR TOTAL	2	0	4	0	4	0	0	0	0	0	0	0	0	0	10

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/17/2022 - 12/31/2022

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

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EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB Co	Revised ontrol Nu ation Dat	mber: 30	
			SECT	ION A	– TYPI	E OF RI	EPORT				I				
			E	STABLI	SHME	NT REF	PORT								
		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
X128612							EE	BAY INC)						
ADDRESS							C	TY/TOW	/N			STATE		ZIP CO	DE
2065 HAMILT	ON AVE						S	AN JOS	SE			CA		9512	25
SECTION C - I	IEADQU	ARTE	RS OR	ESTAB								ıble)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	-LEVEL	NAME				
DG47446						E	BAY IN	IC BELI	LEVUE						
HEADQUARTERS OR ESTABLISHM	IENT-LEV	/EL ADE	RESS				C	TY/TOW	/N			STATE		ZIP CC	DE
411 108Th Street	Ne, Stes	200					В	ELLEVU	JE			WA		9800)4
	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN)					
		SECTIO	ON E -				ELIG	BILITY	7						
X YES (Employer Is Eligib															
SI	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
☐ YES (Single-Establish															
YES	Headqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Hea	dquarter	s Establi	ishment i	is Feder	al Contr	actor)		
		□ Y	ES (Or	ne or Mo	ore Non	-Headqu	arters E	Establish	ments is	s Federa	l Contra	actor)			
				NG-I All Othe											
	SE	CTION	V H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						
								thnicity							
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale	1	ı		1	Fen	nale			
JOB CATEGORIES	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	Row Total
					,			•			,				
Executive/Senior Level Officials and Managers	1	0	2 36	0	0 28	0	0	0	0 11	0	0 12	0	0	<u>0</u>	2 89
First/Mid-Level Officials and Managers Professionals	7	2	60	1	134	0	0	3	29	2	66	0	0	3	307
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/17/2022 - 12/31/2022

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

na

Administrative Support Workers

CURRENT 2022 REPORTING YEAR TOTAL

PRIOR 2021 REPORTING YEAR TOTAL

Craft Workers

Service Workers

Laborers and Helpers

Operatives

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

635

2022 EMPLOYER IN	UKM	IA HO	NKEI	OKI (EEO-	COM	PONE.	N I 1)					ration Dat		
			-	-		E OF RI NT REP	-				ı				
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID								OYER N							
X128612							EB	BAY INC	3						
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2065 HAMILTO	N AVE						S	AN JOS	SE			CA		9512	25
SECTION C - HI	EADOU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	f applica	able)	I		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME	•			
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HEADQUARTERS OR ESTABLISHME	NT-LEV	/EL ADI	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
583 W Ebay	Way							RAPEI	R			UT		8402	20
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		CECTI	ONE		770430	924 FILING	FLICI	DII ITY	17						
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JOB CATEGORIES				Black or African American		iiar slaı	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian Other Pacific Islan	American Indian Alaska Native	Ra	Row
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Executive/Senior Level Officials and Managers	0	1	1	0	0	0	0	0	2	0	0	0	0	0	4
First/Mid-Level Officials and Managers	4	7	92	1	6	0	0	0	45	0	2	0	0	1	158
Professionals Technicians	7	8	179 0	0	20	0	0	0	95 0	0	13 0	0	0	0	337 0
Sales Workers	1	0	11	0	0	0	0	0	2	0	0	0	0	0	14
Administrative Support Workers	31	28	88	9	2	1	0	4	109	47	2	3	2	6	332
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	43	44	371	13	28	1	1	8	253	50	17	4	3	9	845
CORRENT 2022 REPURTING YEAR TOTAL	43	44	3/1	13	28		1	ō	203	อบ	17	4	3	9	045

21 SECTION I – WORKFORCE SNAPSHOT PERIOD

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12/17/2022 - 12/31/2022

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

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EEOC Standard Form 100 (SF 100)

2022 EMPLOYER IN												OMB C		08/2023 mber: 304 te: 08/31/	
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					_	NT REP	_								
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OFS COMPANY ID								OYER N							
X128612							E	BAY ING	•						
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
2065 HAMILTO	N AVE						S	AN JOS	SE			CA		9512	25
SECTION C - HI	ADQU	ARTEI	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)	•		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
ER74972							EBAY I	NC AU	JSTIN						
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				CI	TY/TOW	VN			STATE		ZIP CO	DE
7700 W. Parmer La	ane, Blo	dg D					/	AUSTIN	٧			TX		7872	29
	SECTI	ON D -	EMPI		IDENT 70430	TIFICA' 924	TION N	UMBE	R (EIN)					
		SECTIO	ON E –	EMPL	OYER	FILING	ELIGI	BILITY	Y						
XYES (Employer Is Eligible	to File)	□ NO	(Emplo	oyer Is N	ot Eligi	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUSI	NESS		
SEC	ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable														
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TYES (H	leadqua	rters is I	Federal	Contrac	tor)	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
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	or La	atino			M	ale	I				Fer	nale			
JOB CATEGORIES	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	Row Total
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Executive/Senior Level Officials and Managers	0	7	1 42	3	0 31	0	0	0	2 36	0 5	0 19	0	0	0	3 149
First/Mid-Level Officials and Managers Professionals	11	12	76	7	147	1	0	2	36 41	8	19 61	0	0	1	149 367
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/17/2022 - 12/31/2022

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

na

Administrative Support Workers

CURRENT 2022 REPORTING YEAR TOTAL

PRIOR 2021 REPORTING YEAR TOTAL

Craft Workers

Service Workers

Laborers and Helpers

Operatives

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

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			E:	STABLIS	SHME	NT REF	ORT								
		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N.							
X128612							EB	BAY INC							
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
2065 HAMILT	ON AVE	Ē					SA	OL NA	E			CA		9512	25
SECTION C – H	FADOL	ARTE	RS OR	FSTAR	I ISHN	/FNT_I	EVEL	IDENT	IFICA	FION (if	fannlica	hle)			
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SE	CTION							ΓΙΟΝ (i	f applic	able)					
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■ YES (Single-Establishr	hment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) G (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	4	1	1	0	0	0	0	0	0	0	0	0	7
Professionals Technicians	0	0	13	0	9	0	0	0	5	0	0	0	0	0	33 0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	1	0	0	0	0	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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
CURRENT 2022 REPORTING YEAR TOTAL	AL 0 2 18 2 11 0 0 0 5 0 4 0 0 0											42			

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/17/2022 - 12/31/2022

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

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U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

	SECTION A – TYPE OF REPORT													C. 00/31/	2027
			SECT	TON A	- TYPl	E OF RI	EPORT				•				
			E:	STABLI	SHME	NT REF	ORT								
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	AME						
X128612							EB	BAY INC							
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
2065 HAMILT	ON AVE						S	AN JOS	SE			CA		9512	25
SECTION C - H	EADOL	ARTEI	RS OR	ESTAR	LISHN	/ENT-I	EVEL	IDENT	IFICA'	TION (it	fapplica	able)			
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HEADQUARTERS OR ESTABLISHM	ENT-I EV	/FL ADD	RESS					TY/TOW				STATE		ZIP CO	DE
1250 Eye Street N			KLSS					HINGTO				DC		2000	
1230 Lye Street N												DC		2000	,,,
	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (EIN)					
			NI E		70430		FFTG	DIT 103	. 7						
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SE	CTION			L CONT tity ID (TION (i	t applic	able)					
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☐ YES (Single-Establish	shment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) S (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
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	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)														
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0 4	0	0	0	0	0	7
Professionals	1	0	5	1	3	0	0	1	3	0	0	0	0	0	14
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 2022 REPORTING YEAR TOTAL	. 1	0	7	1	4	0	0	1	7	0	0	0	0	0	21
PRIOR 2021 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	1	4	0	0	0	0	0	7

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/17/2022 - 12/31/2022

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

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U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

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			SECT	ION A	- TYP	E OF RI	EPORT								
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		SECT	TON B	- EMP	LOVE	R IDEN	TIFICA	TION							
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X128612								BAY INC							
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
2065 HAMILT	ON AVE						S	AN JOS	SE			CA		9512	25
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SECTION C – H HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	AKILI	KS UK			UARTEI						ibie)			
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HZ00020						EBA	Y INC	SOUTH	JORD	AN					
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	DRESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
6614 West Crimson View Drive,	Davbrea	ak Com	merce	Park			SOU	TH JOF	RDAN			UT		8408	38
·															
	SECTI	ON D –	·EMPI	LOYER 7	1DEN 1 70430		IION N	UMBE	R (EIN)					
	,	SECTIO	ON E -	EMPLO	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligibl	e to File)	□NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS		
SE	CTION	F – FEI	DERAI	CONT	RACT	OR DE	SIGNA	TION (i	f applic	able)					
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Professionals	1	0	10	0	0	0	0	0	1	0	0	0	0	0	12
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0 15	0	0	0	0	0	1	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	U	15	U	U	U	U	U	1	U	U	U	U	U	17

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/17/2022 - 12/31/2022

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

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EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER IN	UKM	AHO	NKEI	OKI (EEO-	COM	PONE	N1 1)					ation Dat		
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OFS COMPANY ID							EMPL	OYER N	AME						
X128612							EB	BAY INC							
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
2065 HAMILTO	N AVE						SA	AN JOS	SE			CA		9512	25
SECTION C – HI	EADOL	ARTE	RS OR	ESTAB	LISHN	IENT-I	.EVEL	IDENT	IFICA	FION (if	fannlica	hle)			
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				7	770430)					
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X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	lot Eligi	ible to Fi	ile) 🔲	EMPLO	OYER I	NO LON	IGER I	IN BUS	INESS		
SEC	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	f applic	able)					
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JOB CATEGORIES		ø		Black or African American	_	aiia Isk	nerican Indian Alaska Native	č	a >	or eric	_	Native Hawaiian Other Pacific Islan	American Indian Alaska Native	8,	Total
	Male	Female	White	ck or Afric American	Asian	awa fic	i N	ore	White	Black or	Asian	ic &	Ξž	ore	I Otal
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Executive/Senior Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
First/Mid-Level Officials and Managers	2	1	21	0	3	0	0	0	6	0	1	0	0	0	34
Professionals	11	3	115	2	42	1	0	4	19	0	10	0	0	1	208
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 2022 REPORTING YEAR TOTAL	14	4	136	2	45	1	0	4	25	0	11	0	0	2	244

31 SECTION I – WORKFORCE SNAPSHOT PERIOD

126

12/17/2022 - 12/31/2022

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204

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

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