

**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
7656090

EMPLOYER NAME
KAISER ALUMINUM

ADDRESS
1550 West McEwen Drive, STE 500

CITY/TOWN
FRANKLIN

STATE
TN

ZIP CODE
37067

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)
562553181

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): **UNAVAILABLE**

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

332999 - All Other Miscellaneous Fabricated Metal Product 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	3	0	126	1	2	0	0	0	21	0	1	0	0	0	154
First/Mid-Level Officials and Managers	13	3	217	10	8	0	1	0	59	3	4	0	0	0	318
Professionals	32	5	269	15	14	0	2	0	63	8	6	0	1	0	415
Technicians	8	1	32	4	0	0	2	0	9	1	0	0	0	0	57
Sales Workers	7	1	54	2	2	0	1	0	17	2	0	0	0	0	86
Administrative Support Workers	5	0	357	6	1	0	4	0	45	7	2	0	2	0	429
Craft Workers	32	0	555	47	3	0	2	0	52	13	0	0	2	0	706
Operatives	85	1	449	143	3	0	6	0	44	24	1	0	1	0	757
Laborers and Helpers	98	20	574	41	13	0	27	0	40	5	1	0	9	0	828
Service Workers	0	0	4	0	0	0	0	0	3	0	0	0	0	0	7
CURRENT 2024 REPORTING YEAR TOTAL	283	31	2637	269	46	0	45	0	353	63	15	0	15	0	3757
PRIOR 2023 REPORTING YEAR TOTAL	268	24	2412	242	40	3	32	197	309	63	17	2	7	25	3641

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/15/2024 - 12/31/2024

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

Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

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EMPLOYER NAME
KAISER ALUMINUM

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1550 West McEwen Drive, STE 500

CITY/TOWN
FRANKLIN

STATE
TN

ZIP CODE
37067

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

6/20/2025 12:21 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Celeste Craig

Title of Certifying Official

HR Manager

Email Address of Certifying Official

celeste.craig@kaiseraluminum.com

Telephone Number of Certifying Official

629-899-7416

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING

Name of Primary POC

Celeste Craig

Title and Employer of Primary POC

HR Manager
Kaiser Aluminum

Email Address of Primary POC

celeste.craig@kaiseraluminum.com

Telephone Number of Primary POC

629-899-7416