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| U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)<br>2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)                                                                                   |                    |        |                                          |                           |       |                                           |                                  |                   |       | EEOC Standard Form 100 (SF 100)<br>Revised 08/2023<br>OMB Control Number: 3046-0049<br>Expiration Date: 11/30/2026 |       |                                           |                                  |                   |           |
| SECTION A – TYPE OF REPORT<br>CONSOLIDATED REPORT                                                                                                                                             |                    |        |                                          |                           |       |                                           |                                  |                   |       |                                                                                                                    |       |                                           |                                  |                   |           |
| SECTION B – EMPLOYER IDENTIFICATION                                                                                                                                                           |                    |        |                                          |                           |       |                                           |                                  |                   |       |                                                                                                                    |       |                                           |                                  |                   |           |
| OFS COMPANY ID<br>JL47478                                                                                                                                                                     |                    |        | EMPLOYER NAME<br>FOX Corporation         |                           |       |                                           |                                  |                   |       |                                                                                                                    |       |                                           |                                  |                   |           |
| ADDRESS<br>1211 Avenue of the Americas                                                                                                                                                        |                    |        |                                          |                           |       | CITY/TOWN<br>NEW YORK                     |                                  |                   |       | STATE<br>NY                                                                                                        |       | ZIP CODE<br>10036                         |                                  |                   |           |
| 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)<br>831825597                                                                                                                                 |                    |        |                                          |                           |       |                                           |                                  |                   |       |                                                                                                                    |       |                                           |                                  |                   |           |
| SECTION E – EMPLOYER FILING ELIGIBILITY                                                                                                                                                       |                    |        |                                          |                           |       |                                           |                                  |                   |       |                                                                                                                    |       |                                           |                                  |                   |           |
| <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 |                    |        |                                          |                           |       |                                           |                                  |                   |       |                                                                                                                    |       |                                           |                                  |                   |           |
| SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)                                                                                                                                    |                    |        |                                          |                           |       |                                           |                                  |                   |       |                                                                                                                    |       |                                           |                                  |                   |           |
| Unique Entity ID (UEI): Not Applicable                                                                                                                                                        |                    |        |                                          |                           |       |                                           |                                  |                   |       |                                                                                                                    |       |                                           |                                  |                   |           |
| <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)                          |                    |        |                                          |                           |       |                                           |                                  |                   |       |                                                                                                                    |       |                                           |                                  |                   |           |
| <input 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)                                                                                   |                    |        |                                          |                           |       |                                           |                                  |                   |       |                                                                                                                    |       |                                           |                                  |                   |           |
| SECTION G – NAICS INFORMATION<br>551114 - Corporate, Subsidiary, and Regional Managing Offices                                                                                                |                    |        |                                          |                           |       |                                           |                                  |                   |       |                                                                                                                    |       |                                           |                                  |                   |           |
| 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                                                                                                                                                 | 5                  | 2      | 94                                       | 2                         | 4     | 0                                         | 0                                | 0                 | 35    | 2                                                                                                                  | 6     | 0                                         | 0                                | 3                 | 153       |
| First/Mid-Level Officials and Managers                                                                                                                                                        | 168                | 167    | 1200                                     | 86                        | 203   | 4                                         | 3                                | 41                | 766   | 103                                                                                                                | 174   | 4                                         | 6                                | 44                | 2969      |
| Professionals                                                                                                                                                                                 | 294                | 216    | 1842                                     | 268                       | 309   | 8                                         | 4                                | 64                | 1008  | 228                                                                                                                | 191   | 4                                         | 3                                | 76                | 4515      |
| Technicians                                                                                                                                                                                   | 114                | 20     | 421                                      | 104                       | 24    | 2                                         | 3                                | 14                | 84    | 24                                                                                                                 | 11    | 0                                         | 1                                | 2                 | 824       |
| Sales Workers                                                                                                                                                                                 | 6                  | 13     | 112                                      | 7                         | 6     | 0                                         | 0                                | 3                 | 107   | 6                                                                                                                  | 7     | 0                                         | 1                                | 0                 | 268       |
| Administrative Support Workers                                                                                                                                                                | 86                 | 118    | 256                                      | 58                        | 34    | 3                                         | 0                                | 19                | 344   | 96                                                                                                                 | 51    | 6                                         | 2                                | 28                | 1101      |
| Craft Workers                                                                                                                                                                                 | 3                  | 0      | 12                                       | 4                         | 1     | 0                                         | 1                                | 1                 | 0     | 1                                                                                                                  | 0     | 0                                         | 0                                | 1                 | 24        |
| Operatives                                                                                                                                                                                    | 0                  | 0      | 0                                        | 0                         | 0     | 0                                         | 0                                | 0                 | 0     | 0                                                                                                                  | 0     | 0                                         | 0                                | 0                 | 0         |
| Laborers and Helpers                                                                                                                                                                          | 3                  | 1      | 3                                        | 4                         | 1     | 0                                         | 0                                | 0                 | 0     | 0                                                                                                                  | 0     | 0                                         | 0                                | 0                 | 12        |
| Service Workers                                                                                                                                                                               | 63                 | 24     | 18                                       | 14                        | 3     | 1                                         | 1                                | 1                 | 31    | 13                                                                                                                 | 2     | 0                                         | 0                                | 3                 | 174       |
| CURRENT 2024 REPORTING YEAR TOTAL                                                                                                                                                             | 742                | 561    | 3958                                     | 547                       | 585   | 18                                        | 12                               | 143               | 2375  | 473                                                                                                                | 442   | 14                                        | 13                               | 157               | 10040     |
| PRIOR 2023 REPORTING YEAR TOTAL                                                                                                                                                               | 735                | 545    | 4052                                     | 558                       | 565   | 17                                        | 13                               | 139               | 2390  | 486                                                                                                                | 453   | 15                                        | 15                               | 144               | 10127     |
| SECTION I – WORKFORCE SNAPSHOT PERIOD<br>12/13/2024 - 12/27/2024                                                                                                                              |                    |        |                                          |                           |       |                                           |                                  |                   |       |                                                                                                                    |       |                                           |                                  |                   |           |
| SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)<br>Not Applicable                                                                                                         |                    |        |                                          |                           |       |                                           |                                  |                   |       |                                                                                                                    |       |                                           |                                  |                   |           |

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| U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)<br>2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)                                                                                                                                                                                                                                                                                  |  |                                                                             | EEOC Standard Form 100 (SF 100)<br>Revised 08/2023<br>OMB Control Number: 3046-0049<br>Expiration Date: 11/30/2026 |                   |
| SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION                                                                                                                                                                                                                                                                                                                                             |  |                                                                             |                                                                                                                    |                   |
| EMPLOYER IDENTIFICATION                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                             |                                                                                                                    |                   |
| OFS COMPANY ID<br>JL47478                                                                                                                                                                                                                                                                                                                                                                    |  | EMPLOYER NAME<br>FOX Corporation                                            |                                                                                                                    |                   |
| ADDRESS<br>1211 Avenue of the Americas                                                                                                                                                                                                                                                                                                                                                       |  | CITY/TOWN<br>NEW YORK                                                       | STATE<br>NY                                                                                                        | ZIP CODE<br>10036 |
| 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><br><b>Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.</b> |  |                                                                             |                                                                                                                    |                   |
| DATE OF CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                             |                                                                                                                    |                   |
| 6/16/2025 11:46 AM [EST]                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                             |                                                                                                                    |                   |
| EMPLOYER'S CERTIFYING OFFICIAL                                                                                                                                                                                                                                                                                                                                                               |  |                                                                             |                                                                                                                    |                   |
| Name of Employer's Certifying Official<br>Dani Barioni                                                                                                                                                                                                                                                                                                                                       |  | Title of Certifying Official<br>Director, HR Admin, Compliance and Mobility |                                                                                                                    |                   |
| Email Address of Certifying Official<br>dani.barioni@fox.com                                                                                                                                                                                                                                                                                                                                 |  | Telephone Number of Certifying Official<br>310-369-8277                     |                                                                                                                    |                   |
| PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING                                                                                                                                                                                                                                                                                                                               |  |                                                                             |                                                                                                                    |                   |
| Name of Primary POC<br>Ted Exarhakos                                                                                                                                                                                                                                                                                                                                                         |  | Title and Employer of Primary POC<br>SVP HR, Benefits<br>FOX Corporation    |                                                                                                                    |                   |
| Email Address of Primary POC<br>Ted.Exarhakos@FOX.COM                                                                                                                                                                                                                                                                                                                                        |  | Telephone Number of Primary POC<br>212-852-7289                             |                                                                                                                    |                   |