U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 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

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OFS COMPANY ID		SECI	ION D	- ENIT	LUIE	KIDEN		OYER N	AME						
N571674	DECKERS OUTDOOR CORPORATION														
ADDRESS						CITY/TOWN						STATE ZIP CODE			DDE
250 COROMAR DRIVE						GOLETA						CA 93117			17
SECTION C - HI	EADQU	JARTEI	RS OR	ESTAB								ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN						STATE		ZIP CC	DDE
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)															
	SECTI	ION D –	-EMPI		IDENT 953015		IION N	UMBE	R (EIN)					
		SECTIO	ON E -			FILING	ELIGI	BILIT	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	Not Eligi	ible to F	ile)	EMPL	OYER	NO LOI	NGER I	N BUSI	INESS		
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)															
		Пу	ES (Or	ne or Mo	ore Non	-Headau	arters E	stablish	ments i	s Federa	l Contra	actor)			
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JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	wai	Inc Na	ore	White	Black or	Asian	wai	lno Na	Two or More	Total
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Executive/Senior Level Officials and Managers	2	0	20	1	0	0	0	0	11	3	2	1	0	0	40
First/Mid-Level Officials and Managers	64	75	133	20	29	1	2	10	192	32	33	6	2	12	611
Professionals	29	58	132	15	49	0	2	5	188	16	52	2	3	13	564
Technicians Sales Workers	0 94	0 352	0 71	90	0 10	0	7	0 14	0 193	0 290	0 27	3	0 10	0 31	0 1193
Administrative Support Workers	26	79	25	3	5	1	1	1	70	10	6	0	4	1	232
Craft Workers	23	0	7	2	0	0	0	0	1	0	0	0	0	0	33
Operatives	84	12	8	9	0	0	1	2	2	1	0	1	0	0	120
Laborers and Helpers	94	209	11	58	4	0	1	3	20	21	3	0	3	3	430
Service Workers	4	2	6	2	0	0	0	1	2	0	0	0	0	0	17
CURRENT 2023 REPORTING YEAR TOTAL	420	787	413	200	97	3	14	36	679	373	123	13	22	60	3240
PRIOR 2022 REPORTING YEAR TOTAL	365	687	410	171	87	3	8	22	648	349	114	12	22	48	2946
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SECTION I – WORKFORCE SNAPSHOT PERIOD 12/18/2023 - 12/31/2023

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 EMPLOYER NAME N571674 **DECKERS OUTDOOR CORPORATION** ADDRESS CITY/TOWN STATE ZIP CODE 250 COROMAR DRIVE **GOLETA** CA 93117

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 6/3/2024 5:45 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Annie Chase	PS Lead						
Email Address of Certifying Official	Telephone Number of Certifying Official						
annie.chase@deckers.com	805-967-7611						
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING							
Name of Primary POC	Title and Employer of Primary POC						
Annie Chase	PS Lead						
	Deckers Outdoor Corporation						
Email Address of Primary POC	Telephone Number of Primary POC						
annie.chase@deckers.com	805-967-7611						