U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	andard F Revised ontrol Nu ation Dat	08/2023 mber: 30	
				FION A								Expi		le. 08/31	/2024
				E EST/											
OFS COMPANY ID		SECT	FION H	B – EMP	LOYE	R IDEN		ATION OYER N	NAME						
N571674					DE	CKER				ORATIO	N				
ADDRESS							C	ITY/TOV	WN			STATE		ZIP CO	DDE
250 COROMAR		E				GOLETA				CA 93117			17		
SECTION C – HI	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-I	LEVEL	IDENI	TIFICA	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD	QUARTE				Γ-LEVEL	. NAME		ł		
HEADQUARTERS OR ESTABLISHME	INT-LEV	/EL ADI	DRESS				C	ΙΤΥ/ΤΟ	WN			STATE		ZIP CO	DDE
					953015	6862)					
X YES (Employer Is Eligible				• EMPL oyer Is N						NO LOI	NGER	IN BUS	INESS		
SEC	CTION			L CONT					if applic	able)					
_				ntity ID (
X YES (Single-Establishm	-	-													
YES (H	leadqua	rters is	Federal	Contrac	tor) 🗌	YES (N	lon-Hea	dquarter	rs Establ	ishment	is Feder	ral Contr	actor)		
		🗌 Y	ES (O	ne or Mo	ore Nor	n-Headqu	uarters E	Establisl	hments i	s Federa	al Contra	actor)			
				ONG−I Footwe											
	SF	CTION	N H – V	VORKF	ORCE										1
	Ulor	anic	1				Race/E		iy nic or L	otino					
		atino			M	lale	NOL	пізраі		auno	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
Executive/Senior Level Officials and Managers	2	0	19	1	0	0	0	0	11	3	2	1	0	0	39
First/Mid-Level Officials and Managers	60	61	136	15	25	1	1	3	165	31	33	4	2	9	546
Professionals Technicians	35 0	61 0	130 0	11 0	47 0	0	2	7 0	200 0	12 0	47 0	3	3	12 0	570 0
Sales Workers	63	314	61	65	10	1	3	6	172	270	24	4	13	24	1030
Administrative Support Workers Craft Workers	20 21	65 2	27 7	5 1	2	1 0	2 0	1 0	72 1	11 0	6 1	0	3	2	217 33
Operatives	76	10	9	12	0	0	0	1	3	1	0	0	1	0	113
Laborers and Helpers Service Workers	82 6	174 0	19 2	57 4	3	0	0	3 1	23 1	20 1	1 0	0	0	1 0	383 15
CURRENT 2022 REPORTING YEAR TOTAL	365	687	410	171	87	3	8	22	648	349	114	12	22	48	2946
PRIOR 2021 REPORTING YEAR TOTAL	352	606 SECTI	395 ON I –	143 WORK	84 FORCI	2 E SNAP	9 SHOT 1	17 PERIO	567 D	409	122	13	17	36	2772
						12/31/20									
SECTION J Not Applicable	– HEA)	DQUAI	RTERS	SORES	TABL	ISHME.	NT-LEV	VEL CO	OMME:	NTS (op	(tional)				

U.S. EQUAL EMP 2022 EMPLOYER	OMB Co	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024			
S	ECTION K – OFFICIAL CEI	RTIFICATION OF SUBMISSI	ON		
	EMPLOYER I	DENTIFICATION			
OFS COMPANY ID N571674		EMPLOYER NAME DECKERS OUTDOOR CORPO			
				70000	
ADDRESS		CITY/TOWN	STATE	ZIP CODE	
250 COROMAR	DRIVE	GOLETA	CA	93117	
	CEDEVELON				
	CERTIFICATION	COMMENTS (optional)			
No Certification Comments Provided					
	CEDTIFICATI				
ба "сельда се "с. — так		ON STATEMENT			
"I certify that the information, includin	g any workforce demographic d	lata, provided in this report is co			
and was prepared	g any workforce demographic d in conformity with the directions	lata, provided in this report is co s set forth in the form and accom	panying instructions.	"	
and was prepared	g any workforce demographic d in conformity with the directions	lata, provided in this report is co	panying instructions.	"	
and was prepared	g any workforce demographic d in conformity with the directions of false statements on this repor	ata, provided in this report is consistent of the set of the set forth in the form and accoment are punishable by law, US Constants of the set	panying instructions.	"	
and was prepared	g any workforce demographic d in conformity with the directions false statements on this repor DATE OF CH	ata, provided in this report is consistent of the second state of	panying instructions.	"	
and was prepared	g any workforce demographic d in conformity with the directions false statements on this repor DATE OF CH	ata, provided in this report is consistent of the set of the set forth in the form and accoment are punishable by law, US Constants of the set	panying instructions.	"	
and was prepared	g any workforce demographic d in conformity with the directions false statements on this repor DATE OF CE 11/29/2023 3	ata, provided in this report is co s set forth in the form and accom t are punishable by law, US Co ERTIFICATION 1:05 PM [EST]	panying instructions.	"	
and was prepared Knowingly and willfully	g any workforce demographic d in conformity with the directions of false statements on this repor DATE OF CE 11/29/2023 3 EMPLOYER'S CEI	ata, provided in this report is co s set forth in the form and accom t are punishable by law, US Co ERTIFICATION 6:05 PM [EST] RTIFYING OFFICIAL	panying instructions. ode, Title 18, Section	"	
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