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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		SECT	TON B	-EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID	EMPLOYER NAME															
N141372						С	ISCO S	YSTE	MS INC							
ADDRESS						CITY/TOWN						STATE ZIP CODE			DE	
170 W TASMAN DR						SAN JOSE						CA 95134			34	
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
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	HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN															
HEADQUARTERS OR ESTABLISHN	IENT-LEV	ENT-LEVEL ADDRESS				CITY/TOWN						STATE ZIP CODE			DDE	
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)																
770059951																
SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS																
X YES (Employer Is Eligib	le to File)	□ NO	(Emple	oyer Is N	lot Eligi	ible to Fi	ile) 🔲	EMPL	OYER N	NO LO	IGER I	N BUSI	INESS			
SI	CTION	F – FE	DERAI	CONT	RACT	OR DES	SIGNA'	ΓΙΟΝ (i	if applica	able)						
						V3JJMV			11							
☐ YES (Single-Establish	nent Emr	olover is	Federa	l Contra	ctor) 💢	YES (N	Multi-Es	tablishm	nent Em	plover is	Federal	Contra	ctor)			
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X YES	неааqиа							-					actor)			
		X Y	ES (Or	ne or Mo	re Non	-Headqu	arters E	stablish	ments is	s Federa	l Contra	ctor)				
						INFOR										
334290 - Other Communications Equipment Manufacturing																
SECTION H – WORKFORCE DEMOGRAPHIC DATA																
Race/Ethnicity Hispanic Not Hispanic or Latino																
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JOB CATEGORIES				an		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	Daw.	
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Executive/Senior Level Officials and Managers	14	9	168	10	96	1	0	0	70	6	23	0	0	2	399	
First/Mid-Level Officials and Managers	253	144	2753	141	1424	6	16	66	1196	94	608	3	4	52	6760	
Professionals	1244	570	9306	993	7795	39	46	378	3511	697	3585	12	19	220	28415	
Technicians Sales Workers	9 192	2 89	8 2315	4 164	12 153	6	7	0 56	924	2 71	9 70	1	3	0 36	47 4087	
Administrative Support Workers	14	142	41	12	27	0	0	2	265	54	77	5	4	22	665	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	9	9	0	1	10	1	0	0	1	0	4	0	0	0	35	
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		965	14591	1325	9517	53	69	502	5968	924	4376	21	30	332	40408	
CONNENT 2022 REPORTING TEAR TOTAL	1730	900	14091	1323	9J 17	JJ	US	JU2	3300	324	4370	41	JU	JJZ	40400	
PRIOR 2021 REPORTING YEAR TOTAL	1578	828	14242	1148	9203	54	76	425	5582	743	4063	20	36	279	38277	
I MON 2021 NECONTING TEAR TOTAL										0	.000			1	55211	
	ì	SEC 110				E SNAP: 2/31/20		LKIUI	J							
SECTION	I – HEAI	DOUAL						EL CO	MMEN	NTS (on	tional)					

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 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME N141372 **CISCO SYSTEMS INC** ADDRESS CITY/TOWN STATE ZIP CODE 170 W TASMAN DR **SAN JOSE** CA 95134 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 11/15/2023 5:00 PM [EST] EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official June Haase **Compliance Specialist** Email Address of Certifying Official Telephone Number of Certifying Official juhaase@cisco.com 408-527-3645 PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING Title and Employer of Primary POC Name of Primary POC **Compliance Specialist** June Haase Cisco Systems, Inc.

Telephone Number of Primary POC 408-527-3645

Email Address of Primary POC

juhaase@cisco.com