U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER INFORMATION REPORT (EEO-I COMPONENT I)								Expiration Date: 08/31/2024							
SECTION A – TYPE OF REPORT CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID EMPLOYER NAME															
X100003 F5, INC															
ADDRESS							STATE ZIP CODE		DDE						
801 5th Avenue SEATTLE WA 98104															
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HO/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE															
The department of the second o															
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)															
911714307															
SECTION E – EMPLOYER FILING ELIGIBILITY															
	X 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)														
SEC	CTION	F – FE	DERAI	L CONT	FRACT	T OR DE UNAVA	SIGNA	TION (=	if applic	able)					
☐ YES (Single-Establishm	ent Emr		_	_					oent Em	nlover is	Federa	1 Contra	ctor)		
	-	-													
X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)															
X YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION 541519 - Other Computer Related Services															
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	L						Race/E		•						_
		Hispanic Not Hispanic or Latino or Latino Male						Fer	Female						
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	Š	Female	×	Black or African American	As	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	×	Black or African American	Asi	Native Hawaiian or Other Pacific Islande	American Indian Alaska Native	Two or More Races	
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0 26	3	11 311	9	102	2	0	17	121	8	2 38	1	0	0 4	23 643
Professionals	94	37	1181	58	467	6	3	51	302	30	250	0	4	23	2506
Technicians	6	6	179	0 4	5	1	1	2	39	0	0 4	0	0	0 4	4 251
Sales Workers Administrative Support Workers	10	7	44	3	9	1 1	0	2	46	8	15	0	0	8	153
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers CURRENT 2022 REPORTING YEAR TOTAL	137	0 53	1729	75	0 587	10	4	72	0 512	47	309	1	0 5	39	3580
CORRENT 2022 REPORTING TEAR TOTAL	157	33	1725	75	307	10	7	12	312	77	303	'	3	33	3300
PRIOR 2021 REPORTING YEAR TOTAL	129	47	1777	60	554	8	4	67	502	36	287	1	4	31	3507
	SECTION I – WORKFORCE SNAPSHOT PERIOD														
10/16/2022 - 10/31/2022 SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)															
Not Applicable															
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U.S. EQUAL EMPLOYMENT OPP 2022 EMPLOYER INFORMATIO	OMB Co	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024				
SECTION K - OI	FFICIAL CERTIFICATION OF SUBMISSION	<u>.</u>				
EMPLOYER IDENTIFICATION						
OFS COMPANY ID X100003	EMPLOYER NAME F5, INC					
ADDRESS	CITY/TOWN	STATE	ZIP CODE			
801 5th Avenue	SEATTLE	WA	98104			
	TIFICATION 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 11/30/2023 11:12 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL						
Name of Employer's Certifying Official	Title of Certifying Official					
Salvador Gutierrez	HR Generalist I					
Email Address of Certifying Official	Telephone Number of Certifying Official					
sa.gutierrez@f5.com	206-272-5555					
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING						
Name of Primary POC	Title and Employer of Primary POC					
Kari Cross	Dir. People ops & HR Transformation					
	F5 Inc					
Email Address of Primary POC	Telephone Number of Primary POC					
k.cross@f5.com	206-272-6298					