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

EEOC Standard Form 100 (SF 100) Revised 08/2023

4629

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)								Expiration Date: 11/30/2026							
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		SECT	TION E	B – EMP	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID	SECTION B – EMPLOYER IDENTIFICATION EMPLOYER NAME														
GB63908					ZO	OM VID	EO CC	<b>MMUN</b>	IICATI(	AI SNC	IC.				
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
55 Almaden Boulev	ard, Sui	te 600					S	AN JOS	SE			CA		951	13
SECTION C - H	EADOL	IARTE:	RS OR	FSTAR	RLISHN	AENT-I	EVEL	IDENT	TFICA	TION G	if applies	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME														
HEADQUARTERS OR ESTABLISHM	ENT-LEV	VEL ADI	ORESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
(********************************													L ZII CODE		
	CECTI	ON D	EMDI	LOYER	IDENT	PIETCA	TION N	HIMDE	D (EIN	T).					
	SECTI	ION D -	- ENIT		611648		HONN	NUMBE	K (EII)	0					
		SECTI	ON E -	- EMPL			ELIG	IBILIT	Y						
X YES (Employer Is Eligible	e to File)	ΠNO	(Empl	over Is N	Not Elig	ible to F	ile) $\square$	EMPL	OYER	NO LO	NGER	IN BUS	INESS		
				L CONT											
SE	CHON			ntity ID (					п аррис	able)					
YES (Single-Establishn	ent Emr		_	-					nent Em	nlover i	c Federa	1 Contra	etor)		
_ ` `	•												,		
X YES (I	Headqua	rters is	Federal	Contrac	tor)	YES (N	Ion-Hea	dquarter	s Establ	lishment	is Feder	ral Conti	ractor)		
		XY	ES (O	ne or Mo	ore Non	-Headqı	arters E	Establish	nments i	is Federa	al Contra	actor)			
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		or Latino Iviale													
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				Black or African American		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	Row
JOB CATEGORIES		Φ	4	ck or Afric American	_	isi isi	ati di	2		o eri	_	iii iii	nerican Indian Alaska Native	2	Total
	Male	Female	White	Ā i	Asian	#ic #	ΞŽ	o če	White	Black or	Asian	#ic a	ΞŽ	o če	. Olai
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Executive/Senior Level Officials and Managers	10	3	101	2	62	0	0	2	51	1	22	0	0	0	254
First/Mid-Level Officials and Managers	16	8	173	13	107	3	1	15	94	4	47	0	0	1	482
Professionals	74	37	610	91	573	10	2	43	348	41	292	3	1	22	2147
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	48	29	507	25	35	3	3	14	199	5	15	0	1	10	894
Administrative Support Workers	0	5	4	0	2	0	0	0	2	1	3	0	0	2	19
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	148	82	1395	131	779	16	6	74	694	52	379	3	2	35	3796
CORRENT 2023 REFORTING TEAR TOTAL	140	02	1000	101	110	10	U	74	034	JZ	313	J	_	JJ	3130

885 SECTION I – WORKFORCE SNAPSHOT PERIOD

1715

12/15/2023 - 12/31/2023

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

PRIOR 2022 REPORTING YEAR TOTAL

## 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

#### SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

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EMPLOYER IDENTIFICATION								
OFS COMPANY ID	EMPLOYER NAME							
GB63908		ZOOM VIDEO COMMUNICATIONS INC.						
ADDRESS		CITY/TOWN	STATE	ZIP CODE				
55 Almaden Boul	evard, Suite 600	SAN JOSE	CA	95113				

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 4/30/2024 3:31 PM [EST]

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	CERTIFYING OFFICIAL				
Name of Employer's Certifying Official	Title of Certifying Official				
Bobbi-Jean Liyari	Head of PX Compliance, Diversity Rec., & Mobility				
Email Address of Certifying Official	Telephone Number of Certifying Official				
bobbijean.liyari@zoom.us	210-272-7869				
PRIMARY POINT OF CONTACT (PO	C) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC	Title and Employer of Primary POC				
Bobbi-Jean Liyari	Head of PX Compliance, Diversity Rec., & Mobility				
•	Zoom Video Communications Inc.				
Email Address of Primary POC	Telephone Number of Primary POC				
bobbijean.liyari@zoom.us	210-272-7869				