U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	Revised	Form 100 08/2023 1mber: 30 te: 08/31	
						E OF RI ED REP									
		SECT	TION E	B – EMI	PLOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID								LOYER N	JAME						
H011513							AN	ISYS IN	1C						
ADDRESS							С	TTY/TOV	WN			STATE		ZIP CO	ODE
2600 ANSYS DRIVE CANONSBURG PA 15317													17		
SECTION C - H	EADOL	ARTE	RSOR	ESTAI	RLISHN	/ENT-I				TION (i	fapplic	able)			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HEADQUARTERS OR ESTABLISHM	HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE									ODE					
	SECTI	ON D -	EMP		IDEN 043219	FIFICA 960	TION	NUMBE	ER (EIN	D					
X YES (Employer Is Eligible						FILING				NO LOI	NGER	IN BUS	INESS		
				-		OR DE									
						UNAVA			ii appire	,4010)					
YES (Single-Establishm	ent Emr	olover is	Federa	l Contra	ctor) 🔀	YES (Multi-E	stablishr	nent Em	plover is	Federa	l Contra	ctor)		
	-	-													
¥ YES (I	leadqua												ractor)		
			ECTIO	DNG-	NAICS	INFOR	MATIC		iments i	s Federa	ll Contra	actor)			
	SF	CTIO				re Publ DEMO		HIC DA	ТА						
	51		, ,	, on the	ORCE			Ethnicit							1
	Hisp	banic						Hispar	-	atino					-
		atino			Μ	ale					Fer	Female			
						L						r r			
				_		o de	٦	Ses		E		or de	٦	sec	
JOB CATEGORIES				ica		ian slar	ian	Rac		Lice		ian slar	ian	Rac	Row
	е	ale	ite	Afr ica	an	vai ic I;	Ind Nat	e	ite	ne v	an	vai ic Is	Ind Nat	re	Total
	Male	Female	White	ck or Afric American	Asian	Ha	an ka	ĕ	White	Black or	Asian	Ha	an ka	ž	
		ш		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	
				B		lati	Ğ₹	Ň		Afr		lati	Ğ₹	Ň	
						2 ð						2 ð			
Executive/Senior Level Officials and Managers	0	0	18	0	7	0	0	0	7	0	1	0	0	0	33
First/Mid-Level Officials and Managers	5	1	158	1	79	2	0	0	84	3	10	0	0	0	343
Professionals Technicians	19 0	8 0	556 2	17 0	381 1	1 0	0	10 0	184 1	8	106 0	0	2 0	3 0	1295 4
Sales Workers	3	0	143	4	14	0	1	3	36	0	3	0	0	1	208
Administrative Support Workers	0	2	16	3	3	0	0	1	43	3	7	1	0	1	80
Craft Workers Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	27	11	894	25	485	3	1	14	355	14	127	1	2	5	1964
PRIOR 2021 REPORTING YEAR TOTAL	31	7	923	20	528	3	4	13	311	10	121	1	1	1	1974
	1	SECTION	JNI-			E SNAP 2/31/20		PERIO	D						
SECTION J	-HEA	DQUA	RTERS					VEL CO	OMME	NTS (op	tional)				
Not Applicable										· 1	,				

U.S. EQUAL EMPLOYMEN 2022 EMPLOYER INFORM	OMB Co	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024			
SECTION	K – OFFICIAL CER	TIFICATION OF SUBMISSIO	N		
	EMPLOYER ID	ENTIFICATION			
OFS COMPANY ID H011513		EMPLOYER NAME ANSYS INC			
ADDRESS		CITY/TOWN	STATE	ZIP CODE	
2600 ANSYS DRIVE		CANONSBURG	PA	15317	
	CERTIFICATION C	COMMENTS (optional)			
No Certification Comments Provided					
"I certify that the information, including any work and was prepared in conform Knowingly and willfully false state	force demographic da ity with the directions ements on this report	set forth in the form and accompare are punishable by law, US Cod	anying instructions.	"	
		RTIFICATION			
	11/16/2023 8:				
Name of Employer's Certifying Officia		TIFYING OFFICIAL	Certifying Official		
	ai				
Morgan Weaver		Supe	ervisor HRIS		
Email Address of Certifying Official		Telephone Nu	mber of Certifying Officia	1	
		_			
morgan.weaver@ansys.com		724	-820-4322		
PRIMARY POINT	OF CONTACT (POC)	 FOR EEO-1 COMPONENT 1 REP	ORTING		
Name of Primary POC			ployer of Primary POC		
Morgan Weaver			rvisor HRIS		
- 3			SYS, Inc.		
Email Address of Primary POC			Number of Primary POC		
-					
morgan.weaver@ansys.com		/24	-820-4322		