## 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 Expiration Date: 08/31/2024

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SECTION A – TYPE OF REPORT  CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID G047527	EMPLOYER NAME														
	DOMINO'S PIZZA WRC														
ADDRESS	SS						TY/TOV				STATE ZIP CODE				
30 FRANK LLOYD								N ARB				MI		4810	)6
	SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)														
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME														
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE						DE									
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)															
				3	383495	003									
<u>_</u>				EMPL											
X YES (Employer Is Eligibl	e to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPL	OYER	NO LO	NGER I	IN BUS	INESS		
SE	CTION							TION (	if applic	able)					
		Un	ique En	tity ID (	UEI):	Not App	olicable								
☐ YES (Single-Establishm	nent Emp	oloyer is	Federa	l Contra	ctor) 🔲	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
YES (One or More Non-Headquarters Establishments is Federal Contractor)															
									illicitts i	s reuera	i Conu	actor)			
				<b>N G</b> – I 3 - Limit											
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							Race/E								
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	or L	atino			M	ale					Fer	nale			
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JOB CATEGORIES				ica		ian	lian	Ra		rici		ian	lian	Ra	Row
	<u>o</u>	ale	ite	Afı	an	wai	Na Na	re	ite	k o me	an	waj	Inc	ore	Total
	Male	Female	White	ck or Afric American	Asian	Ha	ka	ĭ	White	Black or	Asian	Ha	ka	Mc	
		ш.	-	Black or African American		e Ve	eric las	o		<u>B</u>		y Ve	nerican Indian Alaska Native	or	
				Big		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	
						2 8	٩	-		`		2 5	٩	-	
Executive/Senior Level Officials and Managers	2	0	9	1	1	0	0	0	5	0	1	0	0	0	19
First/Mid-Level Officials and Managers	43	17	231	33	18	1	3	14	130	27	10	0	1	5	533
Professionals	59	28	394	72	72	4	1	13	213	42	61	0	1	8	968
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	5	24	29	5	1	0	0	1	70	26	4	2	0	6	173
Craft Workers	28	1	63	14	7	2	1	5	0	1	0	0	0	0	122
Operatives  Laborers and Helpers	509	75 0	700	795 0	38 0	27 0	23 0	67 0	34 0	70	0	0	4 0	7	2354 0
Service Workers	1239	464	1600	859	248	17	32	227	626	364	24	9	12	101	5822
				4==0	385	51	60	327	1078	530	103	13	18	127	9991
<b>CURRENT 2022 REPORTING YEAR TOTAL</b>	1885	609	3026	1779	303	31	00	021	1070	330	100	10			
CURRENT 2022 REPORTING YEAR TOTAL	1	609	3026	1779	303	31	00	<i>321</i>	1070	330	100	10			
CURRENT 2022 REPORTING YEAR TOTAL PRIOR 2021 REPORTING YEAR TOTAL	1885									330	100	10			
	1885		ON I –	WORK	FORCI	E SNAP	SHOT			330	100	10	.0		
PRIOR 2021 REPORTING YEAR TOTAL	1885	SECTIO	ON I –	WORK 12/16/2	FORCI 2022 - 1	E SNAP 12/31/20	SHOT	PERIO	D						
	1885	SECTIO	ON I –	WORK 12/16/2	FORCI 2022 - 1	E SNAP 12/31/20	SHOT	PERIO	D			10			
PRIOR 2021 REPORTING YEAR TOTAL SECTION J	1885	SECTIO	ON I –	WORK 12/16/2	FORCI 2022 - 1	E SNAP 12/31/20	SHOT	PERIO	D						
PRIOR 2021 REPORTING YEAR TOTAL SECTION J	1885	SECTIO	ON I –	WORK 12/16/2	FORCI 2022 - 1	E SNAP 12/31/20	SHOT	PERIO	D			13			

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	Expira	Expiration Date: 08/31/2024			
	SECTION K - OFFICIAL CI	ERTIFICATION OF SUBMISSION			
	EMPLOYER	IDENTIFICATION			
OFS COMPANY ID	EMPLOYER NAME				
G047527	DOMINO'S PIZZA WRC				
ADDRESS		CITY/TOWN	STATE	ZIP CODE	
30 FRANK LLOYD WRIGHT DR		ANN ARBOR	MI	48106	
	CERTIFICATION	N COMMENTS (optional)	•		

Additionally, the Company has 65 female and 220 male employees of unknown race and ethnicity.

## 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 3:50 PM [EST]

1					
EMPLOYER'S CERTIFYING OFFICIAL					
Name of Employer's Certifying Official	Title of Certifying Official				
Diego Gomez	VP - Talent, Learning & Inclusion and Diversity				
Email Address of Certifying Official	Telephone Number of Certifying Official				
Diego.Gomez@dominos.com	248-409-8940				
PRIMARY POINT OF CONTACT (POC)	FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC	Title and Employer of Primary POC				
Trevor Thomas	Director – Inclusion and Diversity				
	DOMINO'S PIZZA WRC				
Email Address of Primary POC	Telephone Number of Primary POC				
Trevor.Thomas@dominos.com	616-430-2030				