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

2023 EMILOTER INFORMATION REFORT (EEO-T COMITONENT I)											Expiration Date: 11/30/2026				
SECTION A - TYPE OF REPORT															
			С	ONSOL	LIDATE	D REP	ORT								
		SECT	TION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID	SECTION B – EMPLOYER IDENTIFICATION EMPLOYER NAME														
G047527	DOMINO'S PIZZA LLC														
ADDRESS										DE					
ADDRESS												STATE			
30 FRANK LLOYD WRIGHT DR						ANN ARBOR						MI 48106)6
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	T-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHMI	NT-LEVEL ADDRESS					Cl	CITY/TOWN					STATE ZIP C			
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SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 383495003															
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VEC (Employer Is Eligible					_		_			NO LON	JCED I	INI DI ICI	NIECC		
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)															
Unique Entity ID (UEI): Not Applicable															
☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G − NAICS INFORMATION															
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	SE.	CHO	<u> </u>	VOKKI	OKCE										
	Race/Ethnicity Hispanic Not Hispanic or Latino														
or Latino				Not Hispanic or Latino Male							Fen	nale			
				- Hais					i cinale						
						- a	_	S		_		- <u>-</u>	_	S	
				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	or More Races	
JOB CATEGORIES		4		اج ت		iiai Sla	ţi di	Ra		ric i		iial Sla	ţi di	Ra	Row
	<u>e</u>	Female	White	ck or Afric American	Asian	ة ات ا	S E	re	White	Black or	Asian	ات. ات	₽ P	re	Total
	Male	eπ	₹	o e	∤ Si	Ha	an Ka	ĕ	۲	ac L	Λsi	Ha	an Ka	ĕ	
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				Black or African American		ati) Jer	M H	8		√fri		ati) Jer	M H	Two	
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	2 42	0 15	10 242	32	1 21	1	2	0 12	4 149	0 28	1 14	0	1	6	19 565
Professionals	64	23	419	73	80	3	1	20	223	43	62	0	1	9	1021
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	5	19	21	9	1	0	0	1	68	26	6	2	0	7	165
Craft Workers	29	1 70	61	15	6	2	0	4	0	0	0	0	0	0	118
Operatives Laborers and Helpers	506 0	72 0	635 0	778 0	33 0	31 0	18 0	66 0	29 0	81 0	0	0	0	9	2266 0
Service Workers	1330	520	1741	1031	273	19	30	332	717	466	39	8	11	143	6660
CURRENT 2023 REPORTING YEAR TOTAL	1978	650	3129	1939	415	56	51	435	1190	644	125	13	15	174	10814
TOTAL TOTAL			0.20				_ <u> </u>			J					
PRIOR 2022 REPORTING YEAR TOTAL	1885	609	3026	1779	385	51	60	327	1078	530	103	13	18	127	9991

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/16/2023 - 12/31/2023

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

Not Applicable

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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

OFS COMPANY ID GO47527 ADDRESS ADDRESS CITY/TOWN ANN ARBOR MI 48106

CERTIFICATION COMMENTS (optional)

Additionally, the Company has 23 female and 69 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

5/30/2024 1:22 PM [EST]

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 (POO	C) 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 LLC						
Email Address of Primary POC	Telephone Number of Primary POC						
Trevor.Thomas@dominos.com	616-430-2030						