U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

OMB Control Number: 3046-0049

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)											Expiration Date: 11/30/2026				
SECTION A – TYPE OF REPORT CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID	EMPLOYER NAME														
H028891	MGM RESORTS INTERNATIONAL														
ADDRESS		CITY/TOWN						STATE ZIP CODE			DDE				
3600 SOUTH LAS VEGAS BOULEVARD						LAS VEGAS						NV	V 89109		
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 CO			DDE
THE DOCUMENT ON LOTTED VIEW TO DESCRIPTION OF THE PROPERTY OF												21112			
CECTION D. EMPLOYED DEVELOCATIONALISATED (EIN)															
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 880215232															
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)															
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															
721120 - Casino Hotels															
SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity															
	Hier	nanic	I							atino					
Hispanic or Latino						Not Hispanic or Latino Male						emale			
				_		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islander	ō	es	
IOD CATECORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		an	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	ø	Female	ē	ck or Afric American	⊆	vaii	ndi Aat	e F	ē	Black or an Amer	2	vaii	ndi Aat	je j	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	871	964	55 2217	559	9 820	70	0 24	3 137	15 1365	634	3 776	0 57	0 19	1 151	93 8664
Professionals	68	95	217	52	115	8	0	24	184	60	115	17	1	23	979
Technicians	34	3	77	15	14	7	1	4	15	0	1	0	0	0	171
Sales Workers Administrative Support Workers	48 341	203 818	68 435	32 222	22 216	6 25	7	8 61	191 819	157 642	147 503	18 79	6 22	24 122	934 4312
Craft Workers	485	26	1017	180	131	32	14	63	127	12	8	3	1	11	2110
Operatives	931	424	478	347	251	45	18	45	135	108	59	8	4	16	2869
Laborers and Helpers Service Workers	170 7606	43 9009	82 4679	40 3135	14 3219	4 371	2 126	17 634	30 3715	6 3717	12 3568	3 232	103	5 633	429 40747
CURRENT 2024 REPORTING YEAR TOTAL		11586	9325	4583	4811	568	196	996	6596	5337	5192	417	157	986	61308
CORRENT 2024 REPORTING TEAR TOTAL	10556	11300	9323	4303	4011	500	190	990	0390	5557	5192	417	157	900	01306
PRIOR 2023 REPORTING YEAR TOTAL		11321	9550	4597	4837	559	196	981	6805	5482	5193	412	135	1004	61268
	1	SECTIO	ON I –			E SNAP 2/22/20		PERIO	D						
SECTION	– HEA	DOUAI	RTERS					VEL CO	MME	NTS (on	tional)				
Not Applicable										(SP	,				

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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

OFS COMPANY ID H028891 ADDRESS ADDRESS AG00 SOUTH LAS VEGAS BOULEVARD EMPLOYER IDENTIFICATION EMPLOYER NAME HO28891 HO28891 ADDRESS CITY/TOWN STATE ZIP CODE LAS VEGAS NV 89109

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 6/18/2025 12:34 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Frank Kasunic	Director of Employment & HR Compliance						
Email Address of Certifying Official	Telephone Number of Certifying Official						
fkasunic@mgmresorts.com	702-692-1925						
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING							
Name of Primary POC	Title and Employer of Primary POC						
Frank Kasunic	Director of Employment & HR Compliance						
	MGM Resorts International						
Email Address of Primary POC	Telephone Number of Primary POC						
fkasunic@mgmresorts.com	702-692-1925						