U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C		08/2023 umber: 30	
				FION A				1				1			
		SECT	FION F	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID								.OYER N							
FN42334						V			TS LTE	)					
ADDRESS								ITY/TOV				STATE		ZIP CO	
3131 SOUTH LAS VEGA								S VEG				NV		891	09
SECTION C - HE	EADQU	JARTE	RS OR	ESTAB	LISHN	<b>IENT-I</b> DUARTE	LEVEL	<b>IDENT</b>	TIFICA'	TION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADÇ	UARTE.	RSORE	STABLE	SHMEN	I-LEVEL	, NAME				
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADI	DRESS				С	ITY/TOV	WN			STATE		ZIP CO	DDE
	SECTI	ON D -	- EMPI	LOYER {	IDEN1 380494		TION N	NUMBE	ER (EIN	)					
X YES (Employer Is Eligible				• EMPL					-	NO LOI	NGER	IN BUS	INESS		
				L CONT	-										
				ntity ID (					11						
<b>YES</b> (Single-Establishme	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (I	Multi-Es	stablishr	nent Em	ployer is	s Federa	l Contra	ictor)		
<b>YES</b> (H	Ieadqua	rters is	Federal	Contrac	tor) 🔲	YES (N	lon-Hea	dquarter	rs Establ	ishment	is Feder	al Cont	ractor)		
		П	ES (O	ne or Mo	ore Non	-Headou	uarters H	Establish	hments i	s Federa	l Contra	actor)			
				DNG-I	NAICS	INFOR	MATIC					,			
		CTION		72112	) - Cas	ino Hot	els	man							
	SE	CTIO	NH-V	VORKF	ORCE		GRAP								1
	Hisr	anic	1						nic or L	atino					_
		atino			Μ	ale	1101	mopul		auno	Fer	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	12 206	10 206	169 481	9 72	35 189	4 14	2	13 45	89 259	5 54	18 222	0 13	0	4 34	370 1797
Professionals	33	26	105	12	50	7	0	14	63	12	47	3	2	15	389
Technicians	30	10	113	27	21	3	1	14	22	7	8	0	0	6	262
Sales Workers Administrative Support Workers	25 42	79 168	29 51	13 22	19 47	3 6	0	6 12	55 113	37 65	78 130	6 19	1	23 42	374 723
Craft Workers	63	11	145	18	18	4	1 0	9	15	1	3	0	0	3 0	291
Operatives Laborers and Helpers	44 417	11 185	26 76	15 79	7 79	1 7	1	1 11	2 32	4 60	2 47	1 3	0	4	114 1001
Service Workers	1603	1527	1186	409	1040	82	15	182	833	363	1136	42	6	178	8602
CURRENT 2022 REPORTING YEAR TOTAL	2475	2233	2381	676	1505	131	22	307	1483	608	1691	87	15	309	13923
PRIOR 2021 REPORTING YEAR TOTAL	2321	2091 SECTI	2278 ON I –	635 WORK	1427 FORCI	136 E SNAP	24 SHOT	274 PERIO	1474 D	559	1540	80	12	264	13115
					-	0/23/20									
SECTION J	– HEA)	DQUAI	RTERS	S OR ES	TABLI	[SHME]	NT-LEV	VEL CO	OMME	NTS (op	tional)				

	OMB Co	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024					
SECTION K – OFFICIAL C	CERTIFICATION OF SUBMISSION	N					
	R IDENTIFICATION						
OFS COMPANY ID FN42334	EMPLOYER NAME WYNN RESORTS LTD						
ADDRESS	CITY/TOWN	STATE	ZIP CODE				
3131 SOUTH LAS VEGAS BOULEVARD	LAS VEGAS	NV	89109				
			140 09109				
CERTIFICATIO	ON COMMENTS (optional)						
No Certification Comments Provided							
0	TION STATEMENT						
"I certify that the information, including any workforce demographic and was prepared in conformity with the direction Knowingly and willfully false statements on this rep	c data, provided in this report is corre ons set forth in the form and accompa port are punishable by law, US Code	nying instructions. <sup>2</sup>	<sup>33</sup>				
"I certify that the information, including any workforce demographic and was prepared in conformity with the direction Knowingly and willfully false statements on this rep DATE OF	c data, provided in this report is corre ons set forth in the form and accompa bort are punishable by law, US Code CERTIFICATION	nying instructions. <sup>2</sup>	<sup>33</sup>				
"I certify that the information, including any workforce demographic and was prepared in conformity with the direction Knowingly and willfully false statements on this rep DATE OF 12/5/2023	c data, provided in this report is corre ons set forth in the form and accompa port are punishable by law, US Code CERTIFICATION 8 8:35 PM [EST]	nying instructions. <sup>2</sup>	<sup>33</sup>				
"I certify that the information, including any workforce demographic and was prepared in conformity with the directio Knowingly and willfully false statements on this rep DATE OF 12/5/2023	c data, provided in this report is corre ons set forth in the form and accompa port are punishable by law, US Code CERTIFICATION 3 8:35 PM [EST] CERTIFYING OFFICIAL	nying instructions. <sup>2</sup>	<sup>33</sup>				
"I certify that the information, including any workforce demographic and was prepared in conformity with the direction Knowingly and willfully false statements on this rep DATE OF 12/5/2023 EMPLOYER'S C	c data, provided in this report is corre ons set forth in the form and accompa port are punishable by law, US Code CERTIFICATION 3 8:35 PM [EST] CERTIFYING OFFICIAL Title of C	nying instructions. , Title 18, Section	" 1001.				
"I certify that the information, including any workforce demographic and was prepared in conformity with the direction Knowingly and willfully false statements on this rep DATE OF 12/5/2023 EMPLOYER'S C Name of Employer's Certifying Official	c data, provided in this report is corre ons set forth in the form and accompa- bort are punishable by law, US Code CERTIFICATION 3 8:35 PM [EST] CERTIFYING OFFICIAL Title of C Asst Director of	nying instructions. , Title 18, Section Certifying Official	" 1001.				
"I certify that the information, including any workforce demographic and was prepared in conformity with the direction <b>Knowingly and willfully false statements on this rep</b> <b>DATE OF</b> 12/5/2023 EMPLOYER'S C Name of Employer's Certifying Official Paul Simpson	c data, provided in this report is corre ons set forth in the form and accompa port are punishable by law, US Code CERTIFICATION 3 8:35 PM [EST] CERTIFYING OFFICIAL Title of C Asst Director of Telephone Num	nying instructions. , Title 18, Section Certifying Official Comp & HR Systen	" 1001.				
"I certify that the information, including any workforce demographic and was prepared in conformity with the direction Knowingly and willfully false statements on this rep DATE OF 12/5/2023 EMPLOYER'S ( Name of Employer's Certifying Official Paul Simpson Email Address of Certifying Official paul.simpson@wynnlasvegas.com	c data, provided in this report is corre ons set forth in the form and accompa port are punishable by law, US Code CERTIFICATION 3 8:35 PM [EST] CERTIFYING OFFICIAL Title of C Asst Director of Telephone Num 702-	nying instructions. Title 18, Section Certifying Official Comp & HR Systen aber of Certifying Officia 770-7621	" 1001.				
"I certify that the information, including any workforce demographic and was prepared in conformity with the direction Knowingly and willfully false statements on this rep DATE OF 12/5/2023 EMPLOYER'S ( Name of Employer's Certifying Official Paul Simpson Email Address of Certifying Official paul.simpson@wynnlasvegas.com	c data, provided in this report is corre ons set forth in the form and accompa port are punishable by law, US Code CERTIFICATION 3 8:35 PM [EST] CERTIFYING OFFICIAL Title of C Asst Director of Telephone Num 702- DC) FOR EEO-1 COMPONENT 1 REPO	nying instructions. Title 18, Section Certifying Official Comp & HR Systen aber of Certifying Officia 770-7621	" 1001.				
"I certify that the information, including any workforce demographic and was prepared in conformity with the direction <b>Knowingly and willfully false statements on this rep</b> <b>DATE OF</b> 12/5/2023 EMPLOYER'S C Name of Employer's Certifying Official Paul Simpson Email Address of Certifying Official paul.simpson@wynnlasvegas.com PRIMARY POINT OF CONTACT (PO	c data, provided in this report is corre ons set forth in the form and accompa port are punishable by law, US Code CERTIFICATION 3 8:35 PM [EST] CERTIFYING OFFICIAL Title of C Asst Director of Telephone Num 702- DC) FOR EEO-1 COMPONENT 1 REPO Title and Emp	nying instructions. Title 18, Section Certifying Official Comp & HR Systen aber of Certifying Officia 770-7621 DRTING	" 1001. ns 1				
"I certify that the information, including any workforce demographic and was prepared in conformity with the direction Knowingly and willfully false statements on this rep DATE OF 12/5/2023 EMPLOYER'S C Name of Employer's Certifying Official Paul Simpson Email Address of Certifying Official paul.simpson@wynnlasvegas.com PRIMARY POINT OF CONTACT (PO Name of Primary POC	c data, provided in this report is corre ons set forth in the form and accompa- bort are punishable by law, US Code CERTIFICATION 3 8:35 PM [EST] CERTIFYING OFFICIAL Title of C Asst Director of Telephone Num 702- DC) FOR EEO-1 COMPONENT 1 REPO Title and Emp Asst Director of	nying instructions. <sup>2</sup> <b>Title 18, Section</b> Certifying Official Comp & HR Systen aber of Certifying Officia 770-7621 DRTING oloyer of Primary POC	" 1001. ns 1				
"I certify that the information, including any workforce demographic and was prepared in conformity with the direction Knowingly and willfully false statements on this reproduced DATE OF 12/5/2023 EMPLOYER'S C Name of Employer's Certifying Official Paul Simpson Email Address of Certifying Official paul.simpson@wynnlasvegas.com PRIMARY POINT OF CONTACT (PO Name of Primary POC	CERTIFICATION 38:35 PM [EST] CERTIFYING OFFICIAL CERTIFYING OFFICI	nying instructions. Title 18, Section Certifying Official Comp & HR Systen aber of Certifying Officia 770-7621 DRTING Dologer of Primary POC Comp & HR Systen	" 1001. ns 1				