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 Expiration Date: 11/30/2026

	SECTION A – TYPE OF REPORT CONSOLIDATED REPORT															
		SECT	TON B	– EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID	EMPLOYER NAME															
T511183	CHIPOTLE MEXICAN GRILL															
ADDRESS						CITY/TOWN						STATE ZIP CODE			DE	
610 NEWPORT CENTER DRIVE, STE 1400						NEWPORT BEACH						CA	CA 92660			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQÆSTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN						STATE		ZIP CODE		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 841219301																
SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS																
X YES (Employer Is Eligible	to File)	□ NO	(Emplo	oyer Is N	Not Eligi	ble to F	ile) 🔲	EMPL	OYER I	NO LON	IGER I	N BUSI	NESS			
SEC	CTION	F – FEI	DERAI	CONT	TRACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)						
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																
722513 - Limited-Service Restaurants																
SECTION H - WORKFORCE DEMOGRAPHIC DATA																
							Race/E		•							
	Hispanic					Not Hispanic or Latino										
	or Latino				Male						Female					
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	4	1	28	1	4	0	0	2	14	2	0	0	0	0	56	
First/Mid-Level Officials and Managers	1374	1633	1185	435	116	19	26	98	1090	423	94	14	37	113	6657	
Professionals	29	35	211	31	47	1	1	9	149	17	40	0	0	9	579	
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	44	7	95	17	6	0	2	4	31	13	2	0	0	5	226	
Craft Workers	11	0	14	6	0	0	0	0	1	0	0	0	0	0	32	
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	19525	22670	16422	10092	2841	206	696	1807	13065	11555	2156	154	629	1714	103532	
CURRENT 2023 REPORTING YEAR TOTAL	20987	24346	17955	10582	3014	226	725	1920	14350	12010	2292	168	666	1841	111082	
PRIOR 2022 REPORTING YEAR TOTAL	18035	21281	16454	9753	2872	189	641	1685	14002	11782	2208	172	622	1701	101397	
	\$	SECTIO	ON I – V			E SNAP		PERIO	D							

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

Not Applicable

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 11/30/2026 SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME T511183 CHIPOTLE MEXICAN GRILL ADDRESS CITY/TOWN STATE ZIP CODE 610 NEWPORT CENTER DRIVE, STE 1400 **NEWPORT BEACH** 92660 $\mathsf{C}\mathsf{A}$ 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 5/21/2024 12:42 PM [EST] EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official Sr Reporting Analyst Email Address of Certifying Official Telephone Number of Certifying Official PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING Title and Employer of Primary POC Name of Primary POC Sr Reporting Analyst

Email Address of Primary POC

Chipotle Mexican Grill

Telephone Number of Primary POC