U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100)

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												OMB Control Number: 3046-0049 Expiration Date: 11/30/2026				
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		SECT	TON B	- EMP	LOYE	R IDEN										
OFS COMPANY ID	EMPLOYER NAME															
B476166							L	UMEN								
ADDRESS						CITY/TOWN						STATE ZIP CODE				
100 CENTURYLINK DRIVE						MONROE						LA 71203)3	
	EVEL.															
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
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HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN						STATE	1	ZID.CC	DE	
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS					55 CITY/IOWN							STATE ZIP COI			IDE	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)																
720651161																
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): UNAVAILABLE																
☐ 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)																
X YES (One or More Non-Headquarters Establishments is Federal Contractor)																
SECTION G - NAICS INFORMATION																
517111 - Wired Telecommunications Carriers																
SECTION H – WORKFORCE DEMOGRAPHIC DATA																
							Race/E									
		oanic	Not Hispanic or Latino Male Female													
JOB CATEGORIES	or Latino				M	ale			<u> </u>			emale				
												. 노				
				⊑		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		E L		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		
				Black or African American		ian	American Indian or Alaska Native	Ra		Black or African American		ian	American Indian or Alaska Native	Ra	Row	
	<u>0</u>	Female	White	ck or Afric American	я	vai C Is	Ind Nai	re	White	Black or an Amer	Asian	vai c Is	Ind	re	Total	
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Executive/Senior Level Officials and Managers	3	5	85	1 74	10	0	2	7	36	1	3	0	1	4	158	
First/Mid-Level Officials and Managers Professionals	94 334	50 204	1209 3714	71 327	118 570	3 10	12 38	36 172	658 1969	47 220	28 299	11	7 19	14 69	2348 7956	
Technicians	85	16	473	148	54	4	8	32	88	40	8	0	2	3	961	
Sales Workers	221	146	1553	181	101	8	11	98	835	118	57	6	13	48	3396	
Administrative Support Workers	227	189	1451	205	75	6	27	55	1370	224	76	8	20	61	3994	
Craft Workers	781 0	20 0	3479 0	354 0	120 0	27 0	53 0	135 0	149 0	19 0	10 0	2	3	6	5158 0	
Operatives Laborers and Helpers	5	0	40	3	1	0	0	0	0	0	0	0	0	0	49	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/16/2023 - 12/31/2023

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

Not Applicable

CURRENT 2023 REPORTING YEAR TOTAL

PRIOR 2022 REPORTING YEAR TOTAL

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 B476166 **LUMEN** ADDRESS CITY/TOWN STATE ZIP CODE 100 CENTURYLINK DRIVE **MONROE** 71203 LA 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 5/6/2024 7:16 PM [EST] EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official **ELIZABETH SEIBERT DIR HR TECHNOLOGY** Email Address of Certifying Official Telephone Number of Certifying Official Elizabeth.Seibert@Lumen.com 318-340-5549 PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING Title and Employer of Primary POC Name of Primary POC LEAD HR ANALYST

Lumen

Telephone Number of Primary POC 720-567-6859

Stephen Cordova

Email Address of Primary POC

steve.cordova@centurylink.com