U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													Expiration Date: 11/30/2026			
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OFS COMPANY ID B476166	EMPLOYER NAME LUMEN															
ADDRESS						CITY/TOWN						STATE ZIP CODE			DE	
100 CENTURYLINK DRIVE						MONROE						LA	71203			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
HEADQUARTERS OR ESTABLISHM	IENT-LEVEL ADDRESS				CITY/TOWN						STATE		ZIP CO	DE		
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)																
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▼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	thnicity	y							
		Hispanic				Not Hispanic or Latino										
	or L	atino		I	IM	Male				Female						
						- a	_	S				ē	_	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	Two or More Races	Row	
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				Black or African American		tive er F	ner Ala	0		fi:		tive er F	ner Ala	0 0		
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	87	4 45	81 1071	2 62	6 98	0 4	12	5 23	47 589	2 47	26	0	6	9	157 2080	
Professionals	335	211	3369	300	521	9	38	115	1802	219	282	9	19	47	7276	
Technicians	73	18	404	132	50	4	7	20	73	39	8	0	2	1	831	
Sales Workers Administrative Support Workers	190 207	116 165	1306 1293	158 189	84 69	7 5	10 24	47 33	708 1122	98 203	55 65	5 7	12 17	20 39	2816 3438	
Craft Workers	746	15	3273	340	123	27	48	103	143	15	6	2	17	39	4845	
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Laborers and Helpers Service Workers	5	0	39	3	0	0	0	0	0	0	0	0	0	0	47	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2024 REPORTING YEAR TOTAL	1647	574	10836	1186	951	56	140	346	4484	623	446	24	57	120	21490	
PRIOR 2023 REPORTING YEAR TOTAL	1750	630	12004	1290	1049	58	151	535	5105	669	481	28	65	205	24020	
		SECTIO				2/31/20	SHOT I	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 2024 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 5/30/2025 5:52 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 Stephen Cordova

Email Address of Primary POC

steve.cordova@centurylink.com

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Telephone Number of Primary POC 720-567-6859