U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

| Expiration Date: 08/31/2024 | | | | | | | | | 2024 | | | | | | |
|--|--|----------|-----------|------------------------------|---------|--|-------------------------------------|-------------------|---------|------------------------------|---------|--|-------------------------------------|-------------------|------------|
| SECTION A - TYPE OF REPORT | | | | | | | | | | | | | | | |
| CONSOLIDATED REPORT | | | | | | | | | | | | | | | |
| | | SECT | TION B | – ЕМР | LOYE | R IDEN | TIFICA | TION | | | | | | | |
| OFS COMPANY ID | SECTION B – EMPLOYER IDENTIFICATION EMPLOYER NAME | | | | | | | | | | | | | | |
| A297043 | GLOBAL PAYMENTS INC. | | | | | | | | | | | | | | |
| ADDRESS | <u> </u> | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 3550 LENOX ROAD NORTHEAST, SUITE 3000 | | | | | | ATLANTA | | | | | | GA 30326 | | | 26 |
| 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 CODE | | | | | | | | | | DE | | | | | |
| by Control of the medical burners | | | | | | | CII I/IOMI | | | | | | | | |
| | | | | | | | | | | | | | | | |
| SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) | | | | | | | | | | | | | | | |
| 582227989 | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| 522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities | | | | | | | | | | | | | | | |
| SECTION H - WORKFORCE DEMOGRAPHIC DATA | | | | | | | | | | | | | | | |
| | | | | | | | Race/E | thnicity | У | | | | | | |
| | | oanic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | or L | atino | | | М | ale | | | | | Fen | nale | | | |
| | | | | | | _ | | | | | | _ | | | |
| | | | | _ | | Native Hawaiian or Other Pacific Islander | ō | es | | _ | | Native Hawaiian or Other Pacific Islander | ō | Two or More Races | |
| IOD OATEOODIEO | | | | Black or African American | | Native Hawaiian or Xther Pacific Islande | American Indian or Alaska Native | Two or More Races | | Black or African American | | Native Hawaiian Other Pacific Islan | American Indian or Alaska Native | gc | Row |
| JOB CATEGORIES | | <u> </u> | a) | ck or Afric American | _ | aiis Isl | ndi. ati | e R | a) | o. Je | _ | aii s | ndi. ati | e E | Total |
| | Male | Female | White | r i | Asian | aw | - Z | lor | White | Black or an Amer | Asian | a a | - Z | <u>ō</u> | |
| | Σ | -E | > | 호텔 | ¥ | ac | cal | Σ | > | sla an | ¥ | E S | car | Σ | |
| | | _ | | acl | | r P | eri Na: | 0 0 | | E S | | <u>.</u> ĕ | eri | ō | |
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| | | | | | | 20 | , | _ | | | | - 0 | , | | |
| Executive/Senior Level Officials and Managers | 8 | 6 | 246 | 8 | 8 | 0 | 0 | 7 | 98 | 6 | 10 | 0 | 0 | 0 | 397 |
| First/Mid-Level Officials and Managers | 83 | 56 | 951 | 92 | 106 | 5 | 0 | 28 | 640 | 113 | 51 | 1 | 0 | 17 | 2143 |
| Professionals | 196 | 154 | 2299 | 349 | 518 | 10 | 1 | 77 | 1530 | 307 | 342 | 5 | 0 | 54 | 5842 |
| Technicians | 14 | 4 | 101 | 27 | 11 | 2 | 0 | 10 | 25 | 7 | 3 | 0 | 0 | 3 | 207 |
| Sales Workers | 106 | 45 | 916 | 70 | 40 | 6 | 2 | 40 | 383 | 24 | 21 | 1 | 0 | 12 | 1666 |
| Administrative Support Workers Craft Workers | 45 0 | 80 0 | 248 17 | 56 2 | 20 1 | 0 | 0 | 20 0 | 603 | 146 0 | 32 0 | 0 | 0 | 35 0 | 1288 20 |
| Operatives | 13 | 5 | 93 | 57 | 26 | 1 | 0 | 2 | 56 | 43 | 31 | 1 | 0 | 1 | 329 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 103 | 174 | 535 | 194 | 34 | 5 | 0 | 33 | 686 | 886 | 34 | 5 | 0 | 73 | 2762 |
| CURRENT 2022 REPORTING YEAR TOTAL | . 568 | 524 | 5406 | 855 | 764 | 29 | 3 | 217 | 4021 | 1532 | 524 | 16 | 0 | 195 | 14654 |
| | | | | | | | | | | | | | | | |
| PRIOR 2021 REPORTING YEAR TOTAL | | 459 | 5407 | 802 | 785 | 21 | 41 | 197 | 4014 | 1428 | 539 | 19 | 41 | 175 | 14462 |
| | ; | SECTION | UNI- | | | E SNAP: 2/10/20: | | PERIOI | ע | | | | | | |

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

Not Applicable

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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

OFS COMPANY ID A297043 ADDRESS ADDRES

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 11/1/2023 10:46 AM [EST]

| EMPLOYER'S CERTIFYING OFFICIAL | | | | | | | |
|--|---|--|--|--|--|--|--|
| Name of Employer's Certifying Official | Title of Certifying Official | | | | | | |
| Andrea Root | Risk & Compliance Specialist | | | | | | |
| Email Address of Certifying Official | Telephone Number of Certifying Official | | | | | | |
| anroot@tsys.com | 531-205-8893 | | | | | | |
| PRIMARY POINT OF CONTACT (POC) | FOR EEO-1 COMPONENT 1 REPORTING | | | | | | |
| Name of Primary POC | Title and Employer of Primary POC | | | | | | |
| Andrea Root | Risk & Compliance Specialist | | | | | | |
| | Global Payments | | | | | | |
| Email Address of Primary POC | Telephone Number of Primary POC | | | | | | |

531-205-8893

anroot@tsys.com