U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)									OMB Control Number: 3046-0049 Expiration Date: 11/30/2026							
				CONSOI												
		SECT	TION I	B – EMP	LOYE	R IDEN										
OFS COMPANY ID	EMPLOYER NAME															
HQ17786						EAST	GROUP	PROP	ERTIE	SINC						
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE	
400 WEST PARKWAY PLACE, SUITE 100						RIDGELAND						MS 39157			57	
SECTION C - HE	CADOL	JARTE	RS OR	ESTAP	BLISHN	MENT-I	EVEL	IDENT	TFICA'	TION (i	f applic	able)	- I			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL						
HEADOUARTERS OR ESTABLISHME	DOUARTERS OR ESTABLISHMENT-LEVEL ADDRESS							CITY/TOWN						STATE ZIP CODE		
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITI/IOWIN						SIMIL ZII CODE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	SECTI	ON D -	- EMP	LOYER	IDEN' 132711		TION N	UMBE	R (EIN	T)						
		SECTI	ON E -	- EMPL			G ELIGI	BILIT	Y							
X YES (Employer Is Eligible										NO LO	NGER	IN BUS	INESS			
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) X YES (Multi-Establishment Employer is Federal Contractor)																
YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)																
X YES (H	leadqua	rters is	Federal	l Contrac	tor)	YES (N	Non-Head	dquarter	s Establ	ishment	is Fede	ral Contr	ractor)			
		XY	ES (O	ne or Mo	ore Non	ı-Headqı	uarters E	Establish	ments i	s Federa	ıl Contr	actor)				
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				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 Islande	American Indian or Alaska Native	Two or More Races		
JOB CATEGORIES		a)		Black or African American		iial Isla	nerican Indian Alaska Native	Ra		r i		iial Isla	nerican Indian Alaska Native	Ra	Row	
	Male	Female	White	ck or Afric American	Asian	wa Ic I	Z E) Le	White	Black or	Asian	wa Ic I	Na Na	ore	Total	
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Freedom (Ossiss Lavel Official)				_												
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	5 14	0	0	0	0	0	1 16	1	0	0	0	0	6 31	
Professionals	0	5	8	0	0	0	0	3	36	4	1	0	0	0	57	
Technicians	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	0	0	0	0	0	0	0	7	1	0	0	0	0	8	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2024 REPORTING YEAR TOTAL	0	5	28	0	0	0	0	3	60	6	1	0	0	0	103	
CONNECT 2027 REI ONTING TEAR TOTAL	J	, ,	20	V	U	V	, , ,	J	- 50	, J	<u>'</u>	V	•	<u> </u>	100	
PRIOR 2023 REPORTING YEAR TOTAL	0	6	24	0	0	0	0	0	56	5	1	0	0	2	94	
		SECTION	ON I –	WORK				PERIO	D							
10/5/2024 - 10/18/2024																

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS}\,(optional)$

Not Applicable

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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

OFS COMPANY ID HQ17786 ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS CITY/TOWN RIDGELAND MS STATE ZIP CODE RIDGELAND MS RIDGELAND

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

6/4/2025 2:19 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
SHELBY TRUSTY	Vice President of Human Resources						
Email Address of Certifying Official	Telephone Number of Certifying Official						
shelby.trusty@eastgroup.net	601-354-3555						
PRIMARY POINT OF CONTACT (POC)	FOR EEO-1 COMPONENT 1 REPORTING						
Name of Primary POC	Title and Employer of Primary POC						
SHELBY TRUSTY	Vice President of Human Resources						
	EastGroup Properties						
Email Address of Primary POC	Telephone Number of Primary POC						
shelby.trusty@eastgroup.net	601-354-3555						