

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2024 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

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
T529575

EMPLOYER NAME

**SIMON PROPERTY GROUP**

ADDRESS

**225 WEST WASHINGTON STREET**

CITY/TOWN

**INDIANAPOLIS**

STATE

**IN**

ZIP CODE

**46204**

**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

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

**341755769**

**SECTION E – EMPLOYER FILING ELIGIBILITY**

**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): **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**

**531120 - Lessors of Nonresidential Buildings (except Miniwarehouses)**

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	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	
Executive/Senior Level Officials and Managers	1	0	56	2	1	0	0	0	13	2	0	0	0	0	75
First/Mid-Level Officials and Managers	60	46	503	27	12	0	0	11	344	19	10	0	2	6	1040
Professionals	11	1	174	14	10	0	0	2	120	16	8	0	0	2	358
Technicians	2	0	24	1	2	0	0	0	8	1	1	0	0	0	39
Sales Workers	4	13	26	0	0	0	0	1	65	3	1	0	0	0	113
Administrative Support Workers	12	95	68	8	4	0	0	0	347	56	21	0	1	13	625
Craft Workers	11	0	14	8	0	0	0	0	3	0	1	0	0	0	37
Operatives	107	5	145	41	3	2	4	7	2	0	0	1	0	0	317
Laborers and Helpers	3	0	1	0	0	0	0	0	0	0	0	0	0	0	4
Service Workers	43	13	129	79	9	0	3	2	28	12	3	0	0	0	321
<b>CURRENT 2024 REPORTING YEAR TOTAL</b>	<b>254</b>	<b>173</b>	<b>1140</b>	<b>180</b>	<b>41</b>	<b>2</b>	<b>7</b>	<b>23</b>	<b>930</b>	<b>109</b>	<b>45</b>	<b>1</b>	<b>3</b>	<b>21</b>	<b>2929</b>
<b>PRIOR 2023 REPORTING YEAR TOTAL</b>	<b>280</b>	<b>159</b>	<b>1183</b>	<b>199</b>	<b>47</b>	<b>2</b>	<b>10</b>	<b>20</b>	<b>927</b>	<b>112</b>	<b>33</b>	<b>2</b>	<b>2</b>	<b>19</b>	<b>2995</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

**11/2/2024 - 11/15/2024**

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

Not Applicable

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2024 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 K – OFFICIAL CERTIFICATION OF SUBMISSION**

**EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
T529575

EMPLOYER NAME  
SIMON PROPERTY GROUP

ADDRESS  
225 WEST WASHINGTON STREET

CITY/TOWN  
INDIANAPOLIS

STATE  
IN

ZIP CODE  
46204

**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**

**6/16/2025 3:54 PM [EST]**

**EMPLOYER'S CERTIFYING OFFICIAL**

Name of Employer's Certifying Official

Chad M Roberts

Title of Certifying Official

Director of Payroll

Email Address of Certifying Official

payroll@simon.com

Telephone Number of Certifying Official

317-263-8186

**PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING**

Name of Primary POC

Chad M Roberts

Title and Employer of Primary POC

Director of Payroll  
Simon Property Group LP

Email Address of Primary POC

payroll@simon.com

Telephone Number of Primary POC

317-263-8186