

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 X387240			EMPLOYER NAME CAMDEN												
ADDRESS 11 GREENWAY PLAZA SUITE 2400						CITY/TOWN HOUSTON				STATE TX		ZIP CODE 77046			
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) 760417730															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): 0															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input checked="" type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 531110 - Lessors of Residential Buildings and Dwellings															
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	24	0	0	0	0	0	13	1	0	1	0	1	41
First/Mid-Level Officials and Managers	28	34	78	12	2	2	0	5	108	26	6	1	0	21	323
Professionals	20	8	51	9	7	1	0	7	27	7	6	0	0	5	148
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	2	29	16	4	0	0	0	0	80	27	5	0	0	14	177
Craft Workers	269	9	106	111	3	1	4	87	1	2	0	0	1	2	596
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	23	2	6	3	1	0	0	5	0	0	1	0	0	2	43
Service Workers	19	46	32	31	3	1	0	21	90	56	4	0	2	34	339
CURRENT 2024 REPORTING YEAR TOTAL	362	128	313	170	16	5	4	125	319	119	22	2	3	79	1667
PRIOR 2023 REPORTING YEAR TOTAL	345	132	331	168	18	6	4	98	322	120	20	3	3	66	1636
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/15/2024 - 12/31/2024															
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 X387240		EMPLOYER NAME CAMDEN		
ADDRESS 11 GREENWAY PLAZA SUITE 2400		CITY/TOWN HOUSTON	STATE TX	ZIP CODE 77046
CERTIFICATION COMMENTS (optional)				
No Certification Comments Provided				
CERTIFICATION STATEMENT				
<i>"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."</i> Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.				
DATE OF CERTIFICATION				
6/12/2025 6:03 PM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Melissa Lastovica		Title of Certifying Official Compensation and Analytics Manager		
Email Address of Certifying Official MLastovica@camdenliving.com		Telephone Number of Certifying Official 713-354-2981		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Melissa Lastovica		Title and Employer of Primary POC Compensation and Analytics Manager Camden Living		
Email Address of Primary POC MLastovica@camdenliving.com		Telephone Number of Primary POC 713-354-2981		