U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													Expiration Date: 11/30/2026			
SECTION A – TYPE OF REPORT CONSOLIDATED REPORT																
		SECT		- EMP				TION								
OFS COMPANY ID	EMPLOYER NAME															
BB60473						Hea	althpeal	k Prope	erties In	IC.						
ADDRESS	ADDRESS						CITY/TOWN						STATE ZIP CODE			
4600 South Syracuse Street, SUITE 500						DENVER						CO 80237				
<u> </u>															•	
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
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HEADQUARTERS OR ESTABLISHM	MENT LEVEL ADDRESS				-1	CITY/TOWN						STATE ZIP CODE			DE	
HEADQUARTERS OR ESTABLISHM	ISHMEN I-LEVEL ADDRESS					CITY/TOWN						STATE ZIPCOL			DE	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 330091377																
	:	SECTIO	ON E –	EMPL	OYER	FILING	ELIGI	BILITY	Y							
X YES (Employer Is Eligible	e to File)	□ NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER I	NO LON	NGER I	N BUSI	INESS			
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	if applic	able)						
Unique Entity ID (UEI): Not Applicable																
☐ YES (Single-Establish	nent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federal	l Contra	ctor)			
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)																
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				ne or Mo					ments i	s Federa	l Contra	actor)				
SECTION G – NAICS INFORMATION 531120 - Lessors of Nonresidential Buildings (except Miniwarehouses)																
531120 - Lessors of Nonresidential Buildings (except Miniwarehouses) SECTION H – WORKFORCE DEMOGRAPHIC DATA																
SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity																
	Hisr	Hispanic					Not Hispanic or Latino									
		atino										emale				
				_		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islander	ō	es		
IOR CATECORIES				Black or African American		Native Hawaiian or Other Pacific Islande	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	Row	
JOB CATEGORIES	a a	Female	ē	ck or Afric American	⊑	/aii	ndi Iati	ē	<u>a</u>	Black or an Amer	<u>u</u>	/aii	ndi ati	'e F	Total	
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Eventing/Conjugational Officials and Ma			4.4		•		0							0	200	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1	3	14 28	1	7	0	0	<u>0</u> 1	6 14	2	4	0	0	0	26 61	
Professionals	1	4	26	0	3	0	0	1	16	1	19	0	0	0	71	
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 Craft Workers	0	0	7	0	0	0	0	0	11 0	0	6	0	0	0	36 0	
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
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 2023 REPORTING YEAR TOTAL	5	10	75	3	16	0	0	3	47	3	30	0	1	1	194	
PRIOR 2022 REPORTING YEAR TOTAL	6	10	78	2	19	0	0	3	47	2	29	0	1	2	199	
		SECTIO)N I –	WORK	FORCI	ESNAP	SHOT I	PERIO	D			•				

12/16/2023 - 12/31/2023

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

Not Applicable

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 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 EMPLOYER NAME BB60473 Healthpeak Properties Inc. ADDRESS CITY/TOWN STATE ZIP CODE **DENVER** 4600 South Syracuse Street, SUITE 500 CO 80237

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 5/14/2024 9:54 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Title of Certifying Official

VP - Human Resources JEANETTE MUNGCAL Email Address of Certifying Official Telephone Number of Certifying Official JMUNGCAL@HEALTHPEAK.COM 949-407-0347

Name of Employer's Certifying Official

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING Name of Primary POC

Title and Employer of Primary POC VP - Human Resources JEANETTE MUNGCAL HEALTHPEAK PROPERTIES, INC. Email Address of Primary POC Telephone Number of Primary POC

JMUNGCAL@HEALTHPEAK.COM 949-407-0347