U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)									Expiration Date: 08/31/2024						
SECTION A - TYPE OF REPORT															
CONSOLIDATED REPORT															
		SECT	TON B	B – EMP	LOYE	R IDEN									
OFS COMPANY ID	EMPLOYER NAME														
BB60473 Healthpeak Properties, Inc.															
ADDRESS CITY/TOWN STATE ZIP CODE							DE								
4600 South Syracuse Street, SUITE 500					DENVER					CO 80237		37			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HEADOHADTEDS OD ESTADI ISHA	IENT I EX	/EL ADE	DECC		1		CI	TV/TOV	/NT			STATE	1	ZIP CO	DE
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN						/ IN			STATE ZII CODE						
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 330091377															
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)															
				tity ID (11	,					
YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)															
	_	-													
☐ YES	Headqua	rters is I	Federal	Contrac	tor) 📙	YES (N	lon-Head	iquarter	s Establ	ishment	is Feder	al Contr	actor)		
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION															
5	31120 -									ises)					
	SE	CTION	N H – V	VORKF	ORCE										
	Race/Ethnicity														
Hispanic or Latino				М	Not Hispanic or Latino Male Female										
of Latino					iviale r					1 61					
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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	Row
JOB CATEGORIES		Φ		Black or African American	_	ajja Isla	nerican Indian Alaska Native	ě	-	or eric	_	aiia Isk	nerican Indian Alaska Native	ů.	Total
	Male	Female	White	ck or Afric American	Asian	Fi Wa	i i	ore	White	Black or an Amer	Asian	ıwa fic	r S	ore	Total
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Executive/Senior Level Officials and Managers	1	0	14	1	2	0	0	0	3	0	1	0	0	0	22
First/Mid-Level Officials and Managers	1	3	36	1	9	0	0	1	11	1	6	0	0	0	69
Professionals	1	4	25	0	4	0	0	1	20	0	16	0	0	0	71
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	3	3	3	0	4	0	0	1	13	1	6	0	1	2	37
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL		10	78	2	19	0	0	3	47	2	29	0	1	2	199
CONTENT ZOZZ NEI ONTINO I EAN TOTAL		10	,,,		- 10		, ,			_	20	_	_	-	100
PRIOR 2021 REPORTING YEAR TOTAL	. 5	9	82	1	20	0	0	5	47	2	24	0	1	2	198

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/16/2022 - 12/31/2022

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

Not Applicable

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

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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION							
OFS COMPANY ID	EMPLOYER NAME						
BB60473	Healthpeak Properties, Inc.						
ADDRI	ESS	CITY/TOWN	STATE	ZIP CODE			
4600 South Syracuse	e Street, SUITE 500	DENVER	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 11/15/2023 9:45 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL						
Name of Employer's Certifying Official	Title of Certifying Official					
JEANETTE MUNGCAL	VP - Human Resources					
Email Address of Certifying Official	Telephone Number of Certifying Official					
JMUNGCAL@HEALTHPEAK.COM	949-407-0347					
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING						
Name of Primary POC	Title and Employer of Primary POC					
JEANETTE MUNGCAL	VP - Human Resources					
	HEALTHPEAK PROPERTIES, INC.					
Email Address of Primary POC	Telephone Number of Primary POC					
JMUNGCAL@HEALTHPEAK.COM	949-407-0347					