For purposes of this survey:

A. Please <u>include</u> independent living units and assisted living beds, as well as memory care/Alzheimer's units and skilled nursing beds which are part of a larger senior living community (such as a LPC/CCRC), and rental and entrance fee units designed and operated exclusively for adults aged 55 years and over. **Do not include** units where residents receive Section 8 or equivalent rental subsidies, single-family homes, hotel rooms, stand-alone skilled nursing beds, or mobile home units and pads. **Do not include** properties with more than 30 percent of the units licensed for skilled nursing.

In order to avoid double counting, please <u>do not report</u> properties that you own only indirectly through your ownership of shares in another company.

B. To "operate" seniors housing <u>means</u> to fulfill the traditional property management role of collecting rents, paying expenses, and directly supervising on-site personnel and the physical property, but <u>does not</u> mean to fulfill only a more restrictive asset management role such as overseeing the financial management of a property.

As of June 1, 2020 how many completed seniors housing properties and units/beds (U.S. only) did your company (or its affiliates and partnerships) have a majority **ownership** interest in? Please be as precise as possible and do not include properties that you lease from other owners:

OWN

Properties

Units/Beds

OPERATE

As of June 1, 2020, how many completed seniors housing properties and units/beds (U.S. only) did your company (or its affiliates and partnerships) **operate**? Include those properties and units/beds that your firm both owns and operates, and also those properties and units/beds that you operate for other owners. Please be as precise as possible:

Properties

Units/Beds

Company Name (as it should appear in print):	
City and State of Company Headquarters:	
Chief Executive Officer:	
Person Completing Survey:	
Person Completing Survey Phone:	Email:

