



AMERICAN
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2022 Annual Spring Meeting

Real Estate Implications of COVID-19 on Senior Living Business Models

Hosted by the Health Care & Real Estate
Committees

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With you today to discuss **Real Estate Implications Due to the Impact of COVID on Senior Living Business Models**



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Learning Objectives

- Participants will learn about the state of healthcare prior to COVID-19
- Participants will learn about the operational and financial impact of COVID-19 on senior living facilities
- Participants will learn about the various in-court and out-of-court alternatives available to restructure facilities
- Participants will learn about trends in senior living business models
- Participants will be able to understand various alternative financing options available for distressed businesses, including sale-leaseback and bridge financing
- Participants will be able to understand potential adaptive reuse issues and alternatives for facilities that close

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Agenda

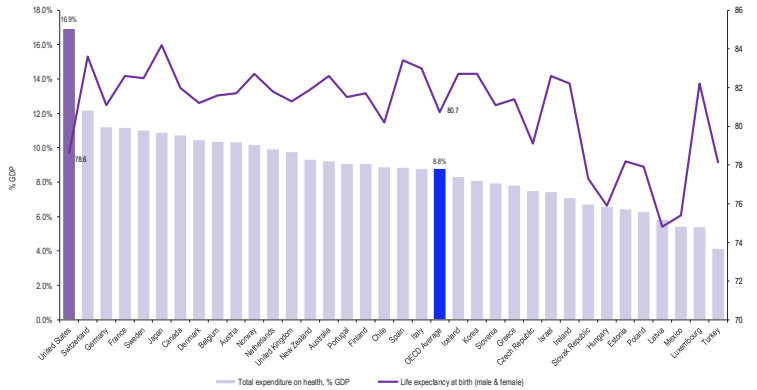
- Status of healthcare and senior living prior to onset of COVID-19
- Different types of senior living facilities
- Impact of COVID on senior living facilities
- In-court vs. out-of-court alternatives
- Alternative financing options
- Impact on real estate valuations
- Future of senior living sector

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Why are we always talking about healthcare?

Total expenditure on health as a percent of GDP
Life expectancy in years



- United States spends 16.9% of its GDP on healthcare.
 - OECD average – 8.8%
- Life expectancy in the United States is 78.6
 - OECD average – 80.7

We spend more, but don't achieve better outcomes and it is personal to each one of us

Source: OECD Health Statistics 2019

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Healthcare was struggling with myriad challenges before COVID-19

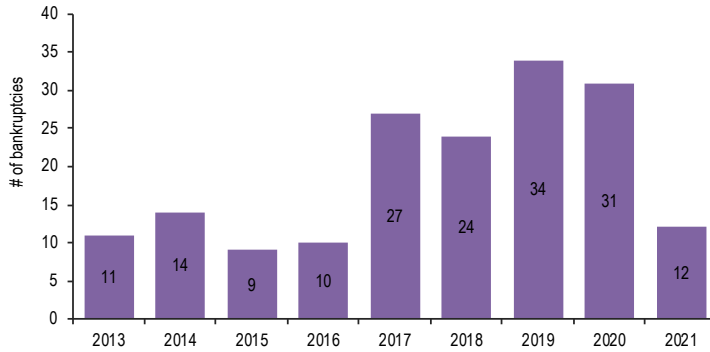
- Financial management challenges including contract issues and poor RCM
- Decreasing reimbursement rates combined with rising expense base (esp clinicians)
- Technology requirements and system integration (or lack thereof)
- Unintended effect of ACA i.e. hospital consolidation
- Insurance companies / large system interplay
- CMS policies negative impact on smaller / rural systems
- Bureaucracy and red tape preventing innovation
- Patient-first is not the dominant driver
- Culture shock: PE investors and restructuring providers meet clinicians

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Distress over time and by the numbers

Hospital Bankruptcy Filings since 2013



- Hospital bankruptcies were prevalent leading up to COVID
- 2020 filings were deceptively high as 23 are affiliates of one provider, Quorum Health

Have economic stimulus measures kicked the can down the road?

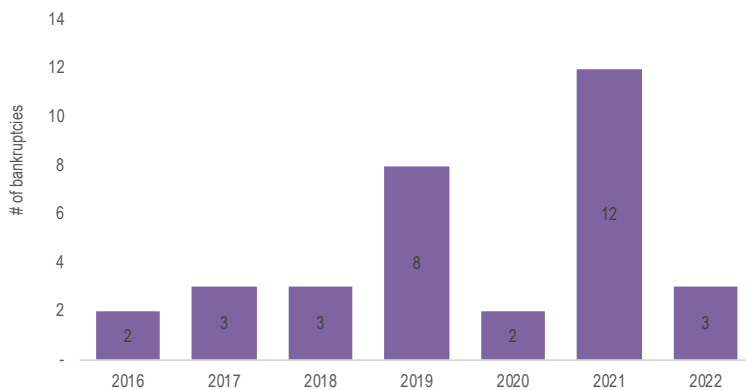
Sources: Becker's Hospital Review, Sheps Center NC Rural Health Research Program

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Why are we talking about senior living so frequently now?

Senior care Bankruptcy Filings since 2016



- Senior living facilities have been impacted differently than hospitals
- Since the beginning of the COVID pandemic, filings from March 2020 to the present represent close to 50% of all senior care facility filings from 2016 to date.

Source: Debtwire, as of February 10, 2022

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Industrial Market 2012-2022



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Office Market 2012-2022

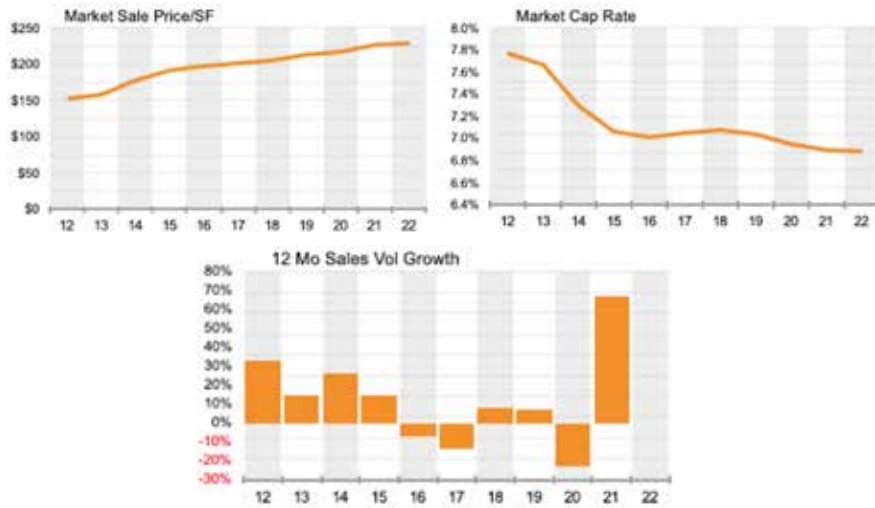


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2022 ANNUAL SPRING MEETING



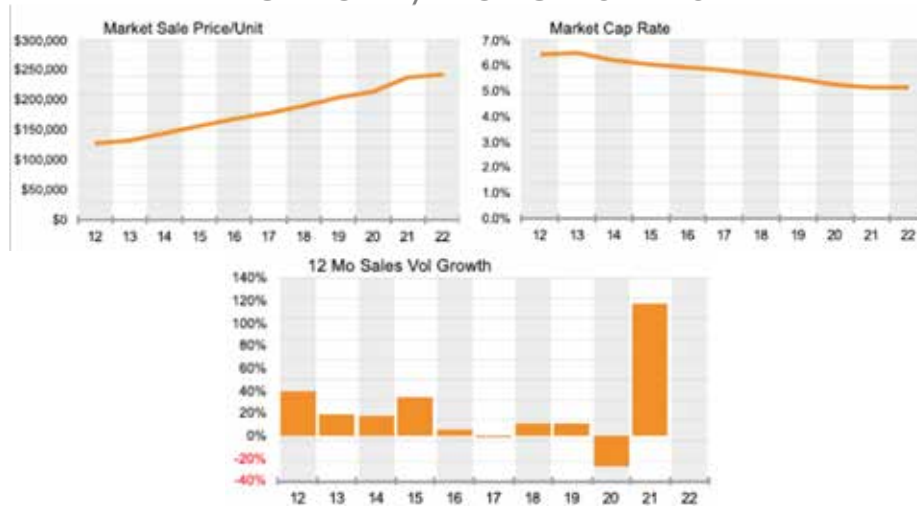
Retail Market 2012-2022



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Multi-Family Market 2012-2022



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Post-Covid Big Winner – Industrial Properties for e-Commerce



"Golden Triangle" Region

- Best freightways in nation
- 1/3rd states = 50% GDP
- Amazon's HQ2 Finalists: 15 of 20 located in region



Rail Connectivity
The 7- Class I Railroads Converge

Industrial Market Stats

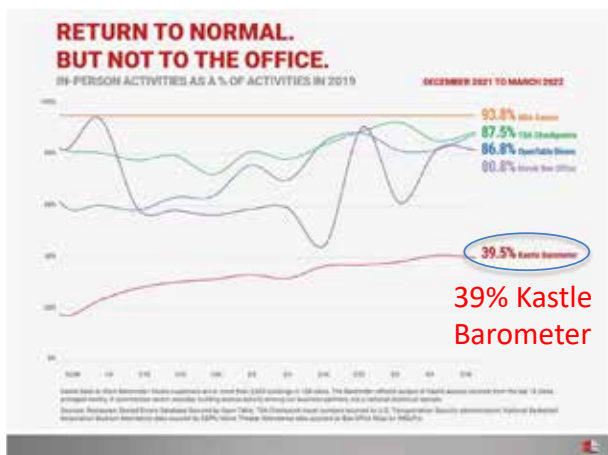
- Vacancies near all-time lows, average ~4.5% nationwide and <1% in L.A.
- Y/O rent growth average 8%, but +30% in L.A. and + 25% in Baltimore
- CapRate record avg. of ~6.5% with some <4% (i.e. Amazon D.C.)
- Last Mile distribution infrastructure in high demand

Source: KC Conway, Red Shoe Economics

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Post-Covid Big Loser – Office Sector



Office Market Stats & Insights

- ~200 million sf of sublease space on the market as of Q4 '21, 40% increase over the prior peak in 2009 (Colliers Office Outlook)
- Sublet vacant spaces rents can anywhere from 10%-50% below market asking rent
- Landlord pressures from sublet space, tenant space consolidation, and shorter term leases will put pressure on NOI and CapRates leading to valuation issues
- Banks will be conservative in lending and focus on top assets in market

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Hotel Sector – A Mixed Bag

Leisure Hotels

Florida Tourism Continues to Surpass Pre-Pandemic Levels

- Consumers saved \$4 Trillion during pandemic (CNBC.com 8.3.21)
- Pent-up demand for travel poised to resume given current Covid lull
- Florida reported a record 118 million visitors in 2021 (Gov. DeSantis News Release 2.22.22)
- Leisure hotels bouncing back quickly

Business Travel Oriented Hotels

As Business Travel Falters the Hotel Sector Faces Protracted Recovery

- “Structural” decline of business travel between 15% and 25% through 2025 from before the Covid-19 pandemic (AlixPartners, Bloomberg 11.10.21)
- American Airlines reported corporate travel revenue reached 64% and small/medium sized businesses reach 83% of pre-pandemic volume in 2021 (Business Traveler News 10.21.21)
- Natural strain on business traveler-oriented hotels.

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Retail Sector – A Mixed Shopping Bag

The Good

- Pandemic accelerated e-Commerce, including Buy Online, Pick-up in Store (BOPIS) as part of a “Omnichannel” fulfillment strategy
- Physical retail serves as Last Mile distribution centers
- Direct-To-Consumer brands (i.e. Warby Parker, Allbirds) expanding into brick and mortar to lower Consumer Acquisition Cost (CAS) given increase online cost from larger brands—capitalizing on surplus space

The Bad

- Class C and B Malls being redeveloped...others are dying
- Desire for shorter term leases put strain on landlord CapRates and property values
- Sector continues to be strained by “Great Resignation” trends, particularly in the casual dining space

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A quick review of the different senior living options/care levels

- **IL: Independent Living** (also known as retirement communities)
 - Primarily provides social living environment with minimal care
 - Typically private pay for an entrance fee plus an additional monthly fee that includes maintenance, housekeeping, security, some meals, community activities
- **CCRC: Continuing Care Retirement Community**
 - Access to multiple levels of care in a single campus providing continuity as health needs evolve
 - Buy-in model (entry, equity, rental) or monthly payment (fee for service, modified, lifetime)
- **ALF: Assisted Living Facility**
 - Exists on a continuum but primarily provides personal care in a home-like, social setting
 - Typically private pay built around a rental model (maintenance, housekeeping, security, meals, nursing triage, personal care, meds assistance, community activities)
- **SNF: Skilled Nursing Facility**
 - Provides medical and personal care in a clinical setting
 - A mix of private, Medicare, and Medicaid payment built around payment for medical services

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Healthcare is not a single industry

When we speak of healthcare, we are not speaking of a single industry due to the wide range of sectors and specialties that fall under the definition of “healthcare”.

- **Sector:** hospital, health network, provider, senior living, technology, equipment, etc
- **Specialty:** a very long list from the broad family practice to the highly specialized niches

But, even within the same sector, various factors influence how an individual entity fares:

- **Geography:** city, inner city, suburban, rural
- **Demographic:** age, gender, race, income

Each of the sectors, specialties, geographies, and demographics had different struggles pre-COVID, each were affected differently by COVID, each have different post-COVID prospects, and each have different requirements when considering solutions and restructuring options.

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COVIDs impact on senior living





- Reminder about already too-low reimbursement rates (in some states, below cost!)
- Negative hit to revenue due to reductions in occupancy
- Struggle to ramp occupancy due to regulations, consumer perception, financial pressures
- Negative hit to expenses due to
 - Need for additional PPE
 - Rising labor costs and wages (hazard pay, supply/ demand, increasing use of agency)
 - Inflation for services and supplies
- All of the above has led to this being the “hot” healthcare sector in terms of bankruptcy filings and expectations for future distress
- Ironically, these factors have also made it a “hot” sector for PE investment (with qualification), rural being a very large exception




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Distressed Senior Living: An in-court or out-of-court solution?

Factors to consider when restructuring a distressed senior living community






Capital Structure
Is your capital structure consolidated?



Non-Profit Status
Do you need to seek tax-exempt bond financing?



Statutory Protections
How does state law protect residents?



Asset Sale
Is a debt restructuring possible or is a sale necessary?

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Distressed Senior Living: An in-court or out-of-court solution?

WHEN CAN AN OUT-OF-COURT SOLUTION WORK?

- ✓ Consolidated capital structure – if a majority of the community’s debt is held by a single entity it is easier to negotiate a restructuring.
- ✓ More likely in a for-profit community where private debt can be secured.
- ✓ If a state has strong statutory protections for residents, the value of some bankruptcy tools — such as rejection of residency agreements — may be limited.
- ✓ No need to sell significant assets.

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Distressed Senior Living: An in-court or out-of-court solution?

WHEN DOES BANKRUPTCY MAKE SENSE?

- ✓ Fractured capital structure with multiple bondholders may require using bankruptcy “cram down” to complete a restructuring.
- ✓ Non-profit community utilizing tax-exempt bonds may need to engage regulators prior to restructuring.
- ✓ Need to eliminate or significantly reduce entrance fee refund liabilities.
- ✓ If pursuing a sale, purchaser may require the free and clear protections of the Bankruptcy Code.
- ✓ High rate of cash burn may require access to the automatic stay to pause payment obligations

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Types of Bankruptcy Solutions

PREPACK

- A prepackaged chapter 11 bankruptcy — one where the parties have agreed to the terms of a restructuring prior to filing — can limit the expenses typically associated with bankruptcy.
- Closes within 30-90 days.
- Cram-down reduces the problem of holdouts in secured debt if the capital structure is not sufficiently consolidated to permit an out-of-court restructuring.
- Requires close work with regulators and bondholders prior to the bankruptcy filing to ensure seamless transition in and out of bankruptcy.

363 SALE

- When refinancing is not available, a 363 Sale can be a valuable alternative. Bankruptcy provides a venue for running an open, competitive auction process that maximize the value of the estate.
- Assets can be sold free and clear of liens, which protects the purchaser.
- Debtor can reject / renegotiate residency agreements, depending on the jurisdiction.
- Federal and state regulations on the transfer of provider agreements, as well as regulations for the health and safety of residents, will make this slower than a typical 363 Sale.

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Types of Bankruptcy Solutions



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Recovery of Overpayments in Bankruptcy



How the Government Pays Health Care Providers

CMS enters into provider agreements with health care providers that control participation in Medicare/Medicaid. Health care providers are then reimbursed based on the estimated cost of providing care. At the end of the fiscal year, CMS may recover any overpayments through setoff or recoupment.

Impact of Bankruptcy on Recovery of Overpayments

The automatic stay generally bars creditors from exercising setoff rights, but it does not bar recoupment. Many courts have held that participation in a CMS program is a single, ongoing transaction, and that the automatic stay does not bar CMS from exercising recoupment rights against reimbursements.

However, the particular facts of a case will be important in determining whether withholding CMS payments is allowed. For example, in *In re Gardens Regional Hosp. and Med. Ctr., Inc.*, the Ninth Circuit recently barred the State of California from recovering Medi-Cal overpayments from QAF revenue that the hospital was entitled to from Medi-Cal. Obligations arising from separate programs were not a single transaction that would allow recoupment. 975 F.3d 926 (9th Cir. 2020).

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Alternative Real Estate Financing Options

Bridge Loans

-Situation: Need cash on a short-term basis to “bridge” the business to a stabilized future (at which point the borrower can refinance with longer term, less expensive money)

Purpose: Short term real estate financing opportunity

- Characteristics:

Loan will be made at a discount to market value. Assume a loan-to-value ratio of 50% to 70%

Expensive

Term: 6 months to 3 years

Sale-leaseback

- Situation: For an owned, real property asset that is a core, go-forward part of the business

- Purpose: Convert the equity in real estate to cash in exchange for taking on a lease obligation

- Characteristics:

Purchase should be at market value

Rent will be based on the combination of credit worthiness of seller/tenant and value of property

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Impact on Real Estate Valuations / Risk of Downward Valuation Spiral

- When a senior living facility sells, it, like any other sale of real property, becomes a “comparable” for future real property appraisals.
- The ongoing restructuring of the senior living sector is reflective of declining cash flows and valuations. Thus, each new sale of a senior living facility for less (less than the acquisition price or less than the prior appraisal or less than the debt), creates a problem for every other senior living facility.
- When the next senior living facility seeks to refinance a maturing real estate loan, the downward valuation trend in the comparable sales will create a downward valuation in the subject appraisal, thereby potentially impacting its cost of financing, if not its ability to refinance.

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Future of Senior Living Sector: Macro Trends

- Macro population trends
 - Living longer: from 2020 – 2025, 75+ population will increase by 22.9% or by 1M+ annually
 - Increasing dementia and other difficult to manage chronic conditions
 - Dynamics for at home support have evolved from the days of kids caring for parents
- Role of Private Equity in senior living
- Shift to micro care centers or at home care
- Adaptive reuse and mixed-use communities
- Innovative models in the US and abroad

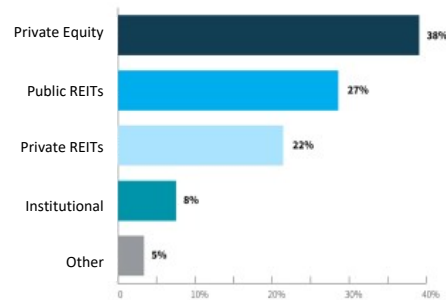
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Future of Senior Living Sector: Private Equity (a look back first)

- PE interest began in senior living as a needs-based, defensive product following the Great Recession.
- Public companies such as REITs dominated senior housing acquisitions from 2011 to 2015.
- In 2016, REITs became net sellers as they sought to reduce leverage and rationalize their portfolios after years of major acquisitions ... PE stepped into the breach.
- Private buyers, including but not limited to PE, averaged \$1.5B in volume/quarter since early 2016 and accounted for 49% of total deal volume in Q3 2019.
- Heading into 2020, PE was expected to be the largest purchaser of senior living assets as shown by the graph to the right

Who will be the biggest buyer of senior housing assets in 2020?



Data Sources:

- National Investment Center for Seniors Housing & Care (NIC)
- Data from a [2020 Senior Housing Outlook](#) report from SHN/Hunt Real Estate Capital

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Future of Senior Living Sector: Private Equity Post-COVID

- PE investments in senior living were already under scrutiny pre-COVID
 - Senator Warren with other Democratic lawmakers, sent letters to four top PE firms with post-acute and long-term care facilities demanding information about their investments
 - A study by Wharton, NYU and University of Chicago showed negative trends following PE acquisitions of nursing homes, including declines in staffing and quality ratings
 - Cultural challenges abound in the clash of people vs profits
- During COVID, research suggests that PE owned facilities did no worse with infections and deaths nationwide but the industry challenges left some to call COVID the cause of PE's "Flight to Quality"
- And, pushed by the White House, federal watchdogs are cracking down on PE in health care.
- And, yet, of the 152 and 166 home health, hospice and home care deals that took place in 2020 and 2021, respectively, PE accounted for a majority
- Where there is money, there is hope...as long as profits drive quality

Data Sources:

- Home Health Care News: "How the PE Nursing Home Crackdown Could Affect the Home Health Industry," March 13, 2022
- Skilled Nursing News: "Private Equity Plots 'Flight to Quality' in Nursing Homes Amid Scrutiny, Ongoing Pandemic," February 9, 2021

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Future of Senior Living Sector: Alternatives

- Medical alert devices
- In-home care
- Adult day care
- Adult family homes
- Respite care
- Innovative models
 - Ageless or multi-gen living communities e.g. Rancho Mission Viejo
 - Adult living in a mall e.g. Canvas
 - Integrative wellness with membership e.g. Hacienda at the Canyon
 - Green housing e.g. small communities with few restrictions to allow more independent mobility
- Technology support can be used with any or all of the above
 - Virtual reality
 - Artificial intelligence
 - Wearables for tracking, facial recognition, et al

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Future of Senior Living Sector: Adaptive Reuse

- Adaptive Reuse will be driven by market conditions. What's the market need? Do the economics make sense? Is there sufficient population density and disposable income?
- Adaptive reuse is not a no-brainer. Broad range of issues, including but not limited to:
 - NIMBY
 - Zoning
 - Parking
 - Engineering
 - Economics

Adaptive Re-Use Possibilities:

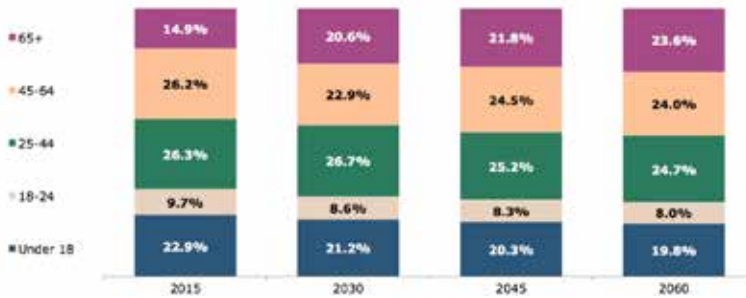
- Residential Condos
- Multi-Family, including Affordable Housing
- Rehabilitation Center
- Mixed-Use retail and residential
- Hotel, including extended stay for former Assisted Living facilities with in-suite kitchenettes

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Conclusion – why do we care?

US population projections, by age group
Share of total population, by age bracket
2015 - 2060



- Demand is growing – share of population 65+ is projected to increase from 15% to 24%
- Will supply keep pace, and in what form?

Source: U.S. Census Bureau

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Brian is a Managing Director in Grant Thornton's Advisory practice. He specializes in turnaround and restructuring advisory, strategic planning and review, business plan development and assessment, and financial modeling.

EDUCATION, LICENSES, & CERTIFICATES

- BSBA, University of North Carolina, Chapel Hill, North Carolina
- MBA, University of North Carolina, Chapel Hill, North Carolina
- Certified Insolvency and Restructuring Advisor
- Member, Turnaround Management Association
- Member, American Bankruptcy Institute
- Director of Education, American Bankruptcy Institute Healthcare Committee

REPRESENTATIVE CLIENTS / STAKEHOLDERS

- Sears Methodist Retirement Systems
- Capitol Lakes CCRC
- Go Ye Village
- Amsterdam House Continuing Care Retirement Community, Inc.
- Casa Grande Regional Medical Center
- Oconee Regional Medical Center
- Morehead Memorial Hospital
- Thomas Health
- Randolph Health

PROFESSIONAL AND INDUSTRY EXPERIENCE:

- Brian has 15 years of advisory experience, with a focus on distressed healthcare. His primary responsibilities have included advising on financial distress, developing 13-week cash flows, developing three statement integrated financial models, assisting clients during restructuring and bankruptcies and assisting with the development of bankruptcy reporting.
- Brian has advised numerous healthcare providers, as well as other stakeholders, such as lenders and unsecured creditor committees. His clients include Casa Grande Regional Medical Center, Oconee Regional Medical Center, Morehead Memorial Hospital, and several behavioral health organizations and senior living communities.
- Brian is a Certified Insolvency and Restructuring Advisor. He is also a member of the Turnaround Management Association and American Bankruptcy Institute, and serves as Director of Education for its Healthcare Committee.

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Harold Bordwin, Principal and Co-President
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Harold focuses on developing and implementing strategic real estate and corporate finance plans for his clients. Those plans involve real estate analysis, real estate acquisitions and dispositions, lease modifications and terminations, and corporate finance and capital markets services. Harold is the recipient of the 2016 Transaction of the Year Award by the TMA.

EDUCATION, LICENSES, & CERTIFICATES

- BA, Wesleyan University, Middletown, Connecticut
- JD, Georgetown University Law Center, Washington, DC
- California Bar Association (inactive)
- Real Estate Broker
- Receiver (NYS Eligible)
- FINRA General Securities Representative (Series 7)
- FINRA Registered Principal (Series 24)
- FINRA Securities Agent (Series 63)
- FINRA Investment Banking Representative (Series 79)

REPRESENTATIVE CLIENTS

- | | | |
|-------------------|-----------------------|--------------------|
| • ComVest | • Arthur Anderson | • Blockbuster |
| • Nebari Holdings | • Cable & Wireless | • Dollar General |
| • Silverpoint | • Family Golf Centers | • Esprit |
| • TA Associates | • Fleming | • Old Time Pottery |
| • Versa Capital | • Spiegel | • Payless Shoe |
| • Yucaipa | • Warnaco | • PetPeople |

PROFESSIONAL AND INDUSTRY EXPERIENCE:

- With 30+ years of real estate advisory/transactional and corpin experience, Harold has helped negotiate the sale of hundreds of properties, leaseholds and businesses nationwide; provided specialized valuation services; and provided in-depth workout services for retailers, financial institutions, and corporate clients.
- As a recognized expert on real estate restructuring issues, Harold has testified as an expert before the Judiciary Committee of the United States House of Representatives. He has also been interviewed and quoted in articles for The Wall Street Journal, The New York Times, and various trade publications.
- Before he joined Keen-Summit Capital Partners, Harold was Co-President at GA Keen Realty Advisors, a Principal with KPMG LLP, a Managing Director with KPMG Corporate Finance, CEO of Keen Consultants and an associate with the law firms of Stroock, Stroock & Lavan and McKenna, Conner & Cuneo.



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Cynthia Romano is the Global Director of CohnReznick's Performance Improvement, Restructuring and Dispute Resolution practices. She has 25+ years experience in PI, turnaround management, transaction support, and investment analysis with expertise in liquidity management, profit improvement, organizational and process redesign, capital sourcing, and creditor workout/management.

EDUCATION, LICENSES, & AWARDS

- BA with honors, Educational History and Policy, Brown University
- MBA, International Management, MIT Sloan School of Management
- CTP, Certified Turnaround Professional
- Turnaround Management Association (TMA), Board of Trustees
- American Bankruptcy Institute (ABI), Healthcare Committee (Chair), Advisory Board Member (Northeast)
- 2021 ABF Journal's list of "Top Women in Asset Based Lending"
- 2021 Crain's New York Business "Notable Women in Accounting and Consulting"
- 2021 M&A Atlas Transaction of the Year
- 2020 TMA Midsize Company Turnaround of the Year (Global)
- 2016 Smart CEO Brava Award Winner honoring Top Female CEOs
- 2004 TMA Small Company Turnaround of the Year, Co-Winner (Northeast)
- Author: Cash, Communication and Control: The Mantra of a Turnaround (ABF Journal, Vol 5, No 1, Jan 2007)
- Frequent public speaker and industry leader quoted in Debtwire, Bloomberg, Modern Healthcare, S&P Global, WSJ, American Banker, Yahoo Finance, et al

PROFESSIONAL AND INDUSTRY EXPERIENCE:

- Workout advisor to a \$300M skilled nursing operator with significant liquidity challenges; settled \$45M of unsecured debt for ~20% out of court.
- CRO for a \$225M health network with liquidity, lender, physician and DOJ issues. Improved EBITDA from ~(\$12M) to \$7M in 6 mos and sold OpCo for 10x improved EBITDA.
- GM of ambulance company with 911 contracts. Stabilized cash, sold business in 6 weeks.
- CFO of \$75M oil distributor. Family business returned to profitability after 3 loss years via operational turnaround, successfully recapitalized, sold for 50% higher than initial estimate.
- COO of \$30M paper manufacturer. After 14 loss months, achieved profitability in 4 months.
- CRO of \$40M construction engineering firm. Returned to profitability, successfully refi'd.
- Liquidating agent Chapter 7 Trustee. Gross recovery exceeded appraiser's valuation by 9x.
- Advisory to \$170M family business. Improved financial controls, redesigned organizational structure around new management team, and spearheaded next generation assessment.



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EDUCATION, LICENSES, & CERTIFICATES

- BSBA, Miami University, Finance
- JD, University of Connecticut School of Law, Notes & Comment Editor, Connecticut Law Review
- American Bankruptcy Institute (ABI), Director
- Real Estate Broker
- Chambers USA "America's Leading Lawyers" for Bankruptcy & Restructuring
- Lawdragon 500 Leading U.S. Bankruptcy and Restructuring Lawyers
- American Bankruptcy Institute, "40 Under 40 Leading Restructuring Professionals," 2017

REPRESENTATIVE CLIENTS

- Clare Oaks – CCRC located in Bartlett, Illinois
- Henry Ford Village – CCRC located in Dearborn, Michigan
- Amsterdam House – CCRC located in Port Washington, New York
- California Nevada Methodist Homes – Two CCRCs located in Northern California
- The Prospect-Woodward Home – CCRC located in Keene, New Hampshire

PROFESSIONAL AND INDUSTRY EXPERIENCE:

- Eric focuses his practice on all aspects of financial restructuring, bankruptcy and litigation with experience representing virtually every major stakeholder in bankruptcy proceedings throughout the country.
- Eric has significant experience in the highly regulated healthcare industry, with experience in restructuring hospital systems, senior living facilities, continuing care retirement communities (CCRCs), skilled nursing facilities (SNFs), behavioral health centers, and diagnostic medical laboratories.
- Eric has been recognized as a leading bankruptcy practitioner by Chambers USA, Lawdragon, and the National Conference of Bankruptcy Judges. Eric was honored as a member of ABI's inaugural 40 under 40 class and currently serves on ABI's Board of Directors.

Faculty

Brian Bonaviri, CIRA is a managing director in Grant Thornton LLC's Advisory practice in Charlotte, N.C., where he specializes in corporate bankruptcy advisory, strategic planning and review, business plan development and assessment, and financial modeling. He has 15 years of advisory experience, with a focus on health care, and his primary responsibilities have included advising on financial distress, developing 13-week cash flows, developing three statement-integrated financial models, assisting clients during restructurings and bankruptcies, and assisting with the development of bankruptcy reporting. Mr. Bonaviri has advised numerous health care providers, as well as other stakeholders, such as lenders and unsecured creditor committees. His clients include Casa Grande Regional Medical Center, Oconee Regional Medical Center, Morehead Memorial Hospital, and several behavioral health organizations and senior living communities. Mr. Bonaviri is a member of the Turnaround Management Association and ABI, and serves as Director of Education for ABI's Health Care Committee. He received his B.S.B.A. and M.B.A. from the Kenan-Flagler Business School at the University of North Carolina at Chapel Hill.

Harold J. Bordwin is a principal and managing director with Keen-Summit Capital Partners LLC in New York and is responsible for all aspects of business development and execution at the firm. He focuses on developing and implementing strategic real estate and corporate finance plans that involve real estate analysis, real estate acquisitions and dispositions, lease modifications and terminations, and corporate finance and capital market services. Mr. Bordwin has more than 33 years of real estate advisory and transactional experience, with particular expertise in workouts and restructurings, specializing in strategic planning, the sale of real estate assets and lease negotiations. He has represented financial, corporate and retail clients. Mr. Bordwin has testified before the Judiciary Committee of the U.S. House of Representatives on real estate restructuring issues. He has also been interviewed and quoted in numerous articles for *The Wall Street Journal*, *The New York Times*, *USA Today* and various trade publications. Mr. Bordwin received his undergraduate degree in government from Wesleyan University in 1982 and his J.D. from Georgetown University Law Center in 1985, where he was a staff member of *Law & Policy in International Business* and published articles in the *Ecology Law Quarterly* of the University of California at Berkeley Boalt Hall School of Law.

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Eric E. Walker is a bankruptcy partner in the Chicago office of Perkins Coie LLP, where he focuses his practice on all aspects of commercial litigation, financial restructuring and bankruptcy, including experience representing debtors, creditors, asset-purchasers, examiners and trustees in bankruptcy proceedings throughout the country. He has particular experience in the highly regulated health care industry, with experience in restructuring hospital systems, senior living facilities, continuing care retirement communities (CCRCs), skilled nursing facilities (SNFs), behavioral health centers and diagnostic medical laboratories. Mr. Walker has been recognized as a leading bankruptcy practitioner by *Chambers USA*, *Lawdragon* and the National Conference of Bankruptcy Judges. He represented the petitioners before the U.S. Supreme Court in *RadLAX Gateway Hotel LLC, et al. v. Amalgamated Bank* (Case No. 11-166), a landmark chapter 11 bankruptcy case involving secured creditor cram-down. He also was named in ABI's inaugural class of "40 Under 40" in 2017. Mr. Walker currently serves on ABI's Board of Directors and on the advisory board of ABI's Central States Bankruptcy Workshop. He received his B.S.B.A. in finance in 2000 from Miami University and his J.D. in 2006 from the University of Connecticut School of Law.