## (December 2011)

## Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-2224

Part I Reporting Issuer  1 Issuer's name  2 Issuer's employer identification number (EIN)  Northstar Healthcare Income Inc.  27-3663988  3 Name of contact for additional information  4 Telephone No. of contact  Kenneth Bernice  (212) 547-2600	Department of the Treasury Internal Revenue Service			► See separate instructions.		
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The taxpayer's earnings and profits were calculated under IRC Sec. 312 (as modified by IRC Sec. 857(d) for a real estate investment trust), and the regulations thereunder. Amounts in excess of earnings and profits reduce the shareholder's tax basis in its shares to the extent of basis. Earnings and profits were calculated as of the close of year and were		ation of the change in b	asis and the	data that dappoint the outday	ation, outsing the market values of	Socialities and the
a real estate investment trust), and the regulations thereunder. Amounts in excess of earnings and profits reduce the shareholder's tax basis in its shares to the extent of basis. Earnings and profits were calculated as of the close of year and were	-	ac and profits wore ca	lculated upo	Har IDC Sac 312 (as modifie	ad by IDC Sec. 857(d) for	
shareholder's tax basis in its shares to the extent of basis. Earnings and profits were calculated as of the close of year and were						3
apportioned to each distribution made during year in accordance with two sec. 3 total and regs. 1.3 to 1(a)(1)						at and work
	apportioned to each t	alsu ibadon made dalli	iy year iir ac	Josephine Will INC Jec. 310	stay and regs. 1.0 to traiting	

Part I		Organizational Action (continued)				
<b>17</b> Lis	t the a	pplicable Internal Revenue Code section	s) and subsection(s) upon which the tax	treatment	is based 🕨	
Intern	al Rev	venue Code Section 301(C)(2)				
		= = = = = = = = = = = = = = = = = = = =	<i>i</i> )			
-						
	_					
<b>18</b> Ca	an any	resulting loss be recognized? ►				
No; n	on-tax	able treatment governed by IRC Section	n 301(c)(2).			
-						
-						
					_	
		any other information necessary to impler		able tax ye	ar 🕨	
These	e actic	ns are effective on the date(s) of the di	stributions identified above.			
	_					
	Under	penalties of perjury, I declare that I have examit in true, correct, and complete. Declaration of	nined this return, including accompanying scr preparer (other than officer) is based on all in	iedules and formation o	l statements, f which prepa	and to the best of my knowledge and arer has any knowledge.
	belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign					1.	
Here	Signa	ture > Frank   F. Bi		_ Date ▶	3/12	[18
	Print	your name ► Kenneth Bernice		Title ►	Senior Di	rector of Tax
Doid		Print/Type preparer's name	Preparer's signature	Date		Check   if PTIN
Paid	wer.					self-employed
Prepa		Firm's name				Firm's EIN ▶
Use C	nly	Firm's name Firm's address				Phone no.
Send Fo	rm 80	37 (including accompanying statements)	o: Department of the Treasury. Internal	Revenue S	Service, Oa	

## Northstar Healthcare Income Inc. Form 8937 2018 Tax Year

Part II, Line 15:

Per Share Reduction of Basis

Common	Stock
COMMISSION	310011

Distribution	Distribution Per Share Per	Per Share Per Day Reduction	Return of Capital
Date	Day	of Basis	Percentage
1/1/2018	0.000924658	0.000924658	100.000%
2/1/2018	0.000924658	0.000924658	100.000%
3/1/2018	0.000924658	0.000924658	100.000%
4/1/2018	0.000924658	0.000924658	100.000%
5/1/2018	0.000924658	0.000924658	100.000%
6/1/2018	0.000924658	0.000924658	100.000%
7/1/2018	0.000924658	0.000924658	100.000%
8/1/2018	0.000924658	0.000924658	100.000%
9/1/2018	0.000924658	0.000924658	100.000%
10/1/2018	0.000924658	0.000924658	100.000%
11/1/2018	0.000924658	0.000924658	100.000%
12/1/2018	0.000924658	0.000924658	100.000%