## (December 2011)

## Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-2224

Department of the Treasury Internal Revenue Service		► See separate inst	cructions.		
	ing Issuer				
1 Issuer's name			2 Issuer's employer ide	ntification number (EIN)	
CNL HEALTHCARE PROPERTIES, INC.				27-2876363	
3 Name of contact for	or additional information	4 Telephone No. of contact	5 Email address of contact	t .	
CLIENT SERVICES		866-650-0650	clientservicesinquiries@c	nl com	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact			7 City, town, or post office, state, and Zip code of contact		
		·			
450 SOUTH ORANGE AVENUE		ORLANDO, FL 32801			
8 Date of action 9 Classification and description					
See below 10 CUSIP number	11 Serial number(	s) COMMON STOCK 12 Ticker symbol	ol 13 Account number(s)		
10 CCOII Hamber	11 Schaindinber	3) IZ HORGI SYMBO	no Account Hamber(a)		
12612C108					
The state of the s	zational Action Attac	ch additional statements if ne	eded. See back of form for additional q	uestions.	
14 Describe the orga	anizational action and, if a	pplicable, the date of the action	or the date against which shareholders' own	nership is measured for	
the action ►					
			rterly cash distributions to its common s		
cash distributions ma	de in 2015, 62.22% were	in excess of the Taxpayer's cu	urrent and accumulated earnings and pro	îts.	
The distributions were	e made on the following	datas:			
3/11/2015, 6/11/2015, 9		uaics.			
0/11/2010/0/11/2010/0	77112010, 121112010				
			the security in the hands of a U.S. taxpayer		
			ade in 2015, 62.22% of the value received		
your stock. As required, the Taxpayer will provide annual Form 1099-DIV. You can refer to the Form 1099-DIV for specific information.					
16 Describe the calc	culation of the change in h	asis and the data that supports t	the calculation, such as the market values o	f securities and the	
	<del>-</del>		er the provisions of the Internal Revenue		
			of earnings and profits reduce the stockl		
in its shares to the ext					

Part I	Organizational Action (continued)	
	the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based I	•
IRC SEC	TION 301(c)(2)	
	1	
<b>18</b> Ca	n any resulting loss be recognized? ► NO	
	vide any other information necessary to implement the adjustment, such as the reportable tax year ▶ <u>The a</u>	octions are effective on the
dates inc	icated above.	
-		
	Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	
Sign	1.10/	
Horo	Signature ► Date ► 2 =	71-110
	Signature ► Date ► Z	2110
	Print your name ► KAKI RAWLS  Title ► Vice Pres	sident of Tax
Paid	Print/Type preparer's name Preparer's aignature Date	Check   if   PTIN
Prepai	er MICHELLE CINDER 2/16/16	self-employed P01325438
Use O		Firm's EIN ▶ 27-4169415
USE U	Firm's address ▶ P.O. Box 4920, Orlando, FL 32802-4920	Phone no. 407-650-1000
Send For	n 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Og	,