Form **8937**

(December 2011)
Department of the Treasury
Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part I Reporting Issuer						
1 Issuer's name	2 Issuer's employer identification number (EIN)					
CNL HEALTHCARE PROPERTIES II , INC.	47-4524619					
3 Name of contact for additional information	4 Telephor	ne No. of contact	5 Email address of contact			
CLIENT SERVICES		866-650-0650	clientservicesinquiries@cnl.com			
6 Number and street (or P.O. box if mail is n	7 City, town, or post office, state, and Zip code of contact					
450 SOUTH ORANGE AVENUE			ODI ANDO EL 22901			
8 Date of action	ORLANDO, FL 32801					
8 Date of action 9 Classification and description						
SEE BELOW	MULTIP	LE CLASSES OF COMMON	STOCK - CLASS A, CLASS T, CLASS I			
10 CUSIP number 11 Serial number(s)		12 Ticker symbol	13 Account number(s)			
12594A302						
12594A104/12594A203 N/A		N/A				
			e back of form for additional questions.			
14 Describe the organizational action and, if the action ▶	applicable, the	e date of the action or the date	e against which shareholders' ownership is measured for			
	utica II Ima /III	Townswer!!) noid assertable of	ach distributions to its someon shoushalders. Of the			
total cash distributions made in 2017, 100.0			ash distributions to its common shareholders. Of the			
total cash distributions made in 2017, 100.0	076 Wele III ext	cess of the Taxpayer's curre	nt and accumulated earnings and profits.			
The distributions were made on the following	g dates:					
3/7/17, 6/7/17, 12/7/17						
15 Describe the quantitative effect of the or	anizational an	tion on the basis of the securit	ty in the hands of a U.S. taxpayer as an adjustment per			
share or as a percentage of old basis of the total cash distributions made in 2017, 100.0 % of the value received will reduce the basis in your stock. As required, the Taxpayer will provide annual Form 1099-DIV. You can refer to the Form 1099-DIV for specific information.						
Jour Stock, 115 requires, the ruspuyer will provide united Form 1000-514. Tou cultivitie to the Form 1000-514 for specific information.						
40 Describe the relative of the character	h ' Al		Manager of the second of the s			
			tion, such as the market values of securities and the			
			risions of the Internal Revenue Code (IRC)			
in its shares to the extent of basis.	. Amounts dis	unduted in excess of earning	gs and profits reduce the stockholder's basis			
III ILS SIIGIES LO LIIE EALEIIL UI DASIS.						

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Part I	I	Organizational Action (continued)				
17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶						
IRC SE	CTION	N 301(c)(2)				
,						
-						
-						
18 C	an anv	y resulting loss be recognized? ► NO				
-						
-						
40 0			- I-11-1			
		any other information necessary to implement the adjustment, such as the rep				
THESE	ACTIO	ONS ARE EFFECTIVE ON THE DATE OF THE DISTRIBUTION IDENTIFIED A	ABOVE.			
		er penalties of perjury, I declare that I have examined this return, including accompanying				
	belief	f, it is true, correct, and complete. Declaration of preparer (other than officer) is based on a	Il information of which prepare	arer has any knowledge.		
Sign		1/ 1/ 1/				
Here	Signa	ature Latin	Date ▶ /-	30-18		
	O.g. ia					
	Print	your name ► KAKI RAWLS	Title ► VICE PRE	SIDENT		
Delat	1 mic	Print/Type preparer's name Preparer's signature	Date	DTIN		
Paid		MICHELLE CINDER	1/24/18	Check if self-employed P01325438		
Prepa		Firm's name CNL FINANCIAL GROUP	1/5.//	Firm's EIN ▶ 27-4169415		
Use C	nly	Firm's address ► P.O. BOX 4920, ORLANDO, FL 32802-4920		Phone no. 407-650-1000		
Send Fo	rm 80	primes address P.O. BOX 4920, ORLANDO, FL 32002-4920 337 (including accompanying statements) to: Department of the Treasury, Interr	nal Revenue Service, Ogr			
JUI 1 0		the first and decompanying statements to be partition of the freadily, inter-	lovorido del vido, Ogi	, o i o inco i o o o ¬		