Form **8937**(December 2017) Department of the Treasury

Report of Organizational Actions Affecting Basis of Securities

See senarate instructions.

OMB No. 1545-0123

Internal Revenue Service			Dee Separate Instructions.	
Part I Reporting Is	suer			
1 Issuer's name				2 Issuer's employer identification number (EIN)
NATIONAL HEALTHCARE PR	OPERTIES INC	38-3888962		
3 Name of contact for addit			ne No. of contact	5 Email address of contact
SCOTT LAPPETITO		(332) 2		SLAPPETITO@NHPREIT.COM
6 Number and street (or P.C	box if mail is not	t delivered to	street address) of contact	7 City, town, or post office, state, and ZIP code of contact
540 MADISON AVE.,	27TH FLOOR	NEW YORK, NY 10022		
8 Date of action			sification and description RIBUTIONS TO PREFE	RRED B SHAREHOLDERS
VARIOUS				
10 CUSIP number	11 Serial number((s)	12 Ticker symbol	13 Account number(s)
42226B303				
				e back of form for additional questions.
_				e against which shareholders' ownership is measured for
				A HEALTHCARE TRUST, INC.)
("TAXPAYER") MADE	CASH DISTRI	BUTIONS	TO ITS PREFERRED	B SHAREHOLDERS IN EXCESS OF ITS
CURRENT AND ACCUMU	LATED EARNI	INGS AND	PROFITS. SEE ATTA	CHED SCHEDULE FOR ADDITIONAL DETAIL.
15 Describe the quantitativ	o offect of the ora:	anizational ac	tion on the basis of the securi	ty in the hands of a U.S. taxpayer as an adjustment per
	-			
				END DISTRIBUTIONS ARE INCLUDED IN
				IBUTIONS SHOULD REDUCE THE TAX BASIS
OF EACH PREFERRED	SHARE, BUT	NOT BELO	OW ZERO.	
_				
16 Describe the calculation	of the change in h	nasis and the	data that supports the calcula	ation, such as the market values of securities and the
	_			CALCULATED UNDER IRC. SEC. 312 AND
				NGS AND PROFITS REDUCE THE
SHAREHOLDER'S TAX	BASIS IN II	'S SHARE	S TO THE EXTENT OF	THE BASIS.

Par	Ш	Organizational Action (continued)		
17	liot th	on applicable Internal Revenue Code postion(s) and subsection(s) upon which the tay t	rootmont is board	
		he applicable Internal Revenue Code section(s) and subsection(s) upon which the tax to $301 (c) (2)$	realment is based I	
1110	010	. 301(0)(2)		
40	O	an realities has be reasonized 2 NO		
18	Can a	nny resulting loss be recognized? ► NO		
40				
		de any other information necessary to implement the adjustment, such as the reportab ${\tt ORTABLE\ TAX\ YEAR\ IS\ 2024}$.	le tax year ►	
TUE	KEF	JRIADLE IAX IEAR 15 2024.		
		der penalties of perjury, I declare that I have examined this return, including accompanying sche		
٥.		ief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	mation of which prepared	arer has any knowledge.
Sign Here	.			
пете	Sig	nature •	Date ►	
	D	nt your name ► SCOTT LAPPETITO	THE CEO	
D-:		Print/Type preparer's name Preparer's signature	Title ► CFO Date	Chook D if PTIN
Paid				Check if if P02029857
	oarei Only		1	Firm's EIN ▶86-1065772
	<u> </u>	Firm's address ► 1230 PEACHTREE STREET NE #3100, ATLANTA	, GA 30309	Phone no. 404-220-1500
Send	Form 8	8937 (including accompanying statements) to: Department of the Treasury, Internal Re	evenue Service, Og	den, UT 84201-0054

NATIONAL HEALTHCARE PROPERTIES, INC. (F/K/A HEALTHCARE TRUST, INC.) 38-3888962 YEAR ENDED DECEMBER 31, 2024

SUPPLEMENTAL INFORMATION FOR FORMS 1099

PREFERRED STOCK									
CUSIP	P Payment Date		Per Share Distribution	Nondividend Distribution					
42226B303	1/16/2024	\$	0. 4453125	\$	0.4453125				
42226B303	4/15/2024	\$	0.4453125	\$	0.4453125				
42226B303	7/15/2024	\$	0.4453125	\$	0.4453125				
42226B303	10/15/2024	\$	0.4453125	\$	0.4453125				
			1.78125		1.78125				
		-	100%		100%				