Form **8937**

(December 2011)

Department of the Treasury

Report of Organizational Actions Affecting Basis of Securities

See separate instructions.

OMB No. 1545-2224

internal nevenue Service			P dee separate matructions.	
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 ad	ditional 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 F	P.O. box if mail is not	delivered to	street address) of contact	7 City, town, or post office, state, and Zip code of conta
450 SOUTH ORANGE AVE	NUE			ORLANDO, FL 32801
8 Date of action			sification and description	
SEE BELOW			LE CLASSES OF COMMON	STOCK - CLASS A, CLASS T, CLASS I
10 CUSIP number 12594A302	11 Serial number(s)	12 Ticker symbol	13 Account number(s)
12594A104/12594A203	N/A		N/A	
				e back of form for additional questions.
14 Describe the organiza the action ▶	tional action and, if a	pplicable, the	e date of the action or the date	e against which shareholders' ownership is measured for
				sh distributions to its common shareholders. Of the
total cash distributions ma	ade in 2018, 100.009	6 were in exc	ess of the Taxpayer's curre	nt and accumulated earnings and profits.
The distributions were ma		dates:		
3/7/18, 6/7/18, 9/7/18, 12/7/	18			
share or as a percenta	ige of old basis ► Of	the total ca	sh distributions made in 201	ry in the hands of a U.S. taxpayer as an adjustment per 8, 100.0 % of the value received will reduce the basis in the Form 1099-DIV for specific information.
				tion, such as the market values of securities and the isions of the Internal Revenue Code (IRC)
Section 312 and the Regula	ations thereunder as	s modified b	y IRC Section 857(d). Amou	nts distributed in excess of earnings and profits reduc
the stockholder's basis in	its shares to the ext	ent of basis.		

Provide any other information necessary to implement the adjustment, suc	ch as the reportable tax year ▶
E ACTIONS ARE EFFECTIVE ON THE DATE OF THE DISTRIBUTION ID	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and 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 Here

Preparer

Use Only

Print your name ► KAKI RAWLS Print/Type preparer's name Paid

BRYAN MULREADY Firm's name ► CNL FINANCIAL GROUP

Firm's address ► P.O. BOX 4920, ORLANDO, FL 32802-4920

Title ► VICE PRESIDENT Date 1/24

Check if self-employed

P00187740

Firm's EIN ▶ 27-4169415 Phone no. 407-650-1000

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054

Preparer's signature