Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-2224

Department of the Treasury Internal Revenue Service					
	ng Issuer		► See separate instructions.		
1 Issuer's name				2 Issuer's employer iden	tification number (EIN)
CARETRUST REIT, IN		46-3999490			
3 Name of contact to	or additional information	4 Telephor	ne No. of contact	5 Email address of contact	
WILLIAM M. WAGNER		WWAGNER@CARETRUST	WWAGNER@CARETRUSTREIT.COM		
6 Number and street	(or P.O. box if mail is not	7 City, town, or post office, state, and Zip code of contact			
905 CALLE AMANECE	ER. SUITE 300	SAN CLEMENTE, CA 92673	SAN CLEMENTE, CA 92673		
8 Date of action	,	, , , , , , , , , , , , , , , , , , , ,			
SEE BELOW	44. 0. 21		N STOCK	10 (10 (10)	
10 CUSIP number	11 Serial number	(S)	12 Ticker symbol	13 Account number(s)	
14174T107			CTRE		
				ee back of form for additional qu	
				ate against which shareholders' owne	ership is measured for
	E ISSUER MADE CASH	DISTRIBUTION	ONS TO ITS SHAREHOLDE	ERS ON THE FOLLOWING DATES:	
04/15/16					
07/15/16					
10/14/16					
01/13/17					
	_			rity in the hands of a U.S. taxpayer a	
			IARE, THE DISTRIBUTIONS	S REDUCED THE BASIS OF THE SI	HARE IN THE
HANDS OF THE U.S. S	SHAREHOLDER AS FOL	_LOWS:			
DATE	RETURN OF CAPITAL	 L			
04/15/16	\$0.025834				
07/15/16	\$0.025834				
10/14/16	\$0.025834				
01/13/17	\$0.025834				
	-		• •	lation, such as the market values of	
				NS WAS IN EXCESS OF THE ISSUE	
				S IN THE RELATED SHARE TO THE	
				S EARNINGS AND PROFITS UNDER	,
		REAL ESTATE	E INVESTMENT TRUSTS, A	IND THE REGULATIONS THEREUN	IDER USING
THE INFORMATION A	VAILABLE TO DATE.				

Part I		Organizational Action (continue	d)		
17 Lis	st the	applicable Internal Revenue Code section	on(s) and subsection(s) upon which the tax	treatment is based	-
RC SEC	CTION	301(c)(2), IRC SECTION 316			
			. 2		
18 Ca	an any	resulting loss be recognized? ► NO			
19 Pr	ovide	any other information necessary to imp	lement the adjustment, such as the reporta	shle tax year >	
			ON THE DATES OF THE DISTRIBUTIONS		HOWEVER THE
			N 12/31/16. FOR A SHAREHOLDER WITH		
	100			TA CALENDAR TAX	TEAR, THE REPORTABLE
IAX TE	AKT	OR ALL OF THE DISTRIBUTIONS IS 20	010.		
	_				
			amined this return, including accompanying sch		
	bellei	, it is true, correct, and complete. Declaration	of preparer (other than officer) is based on all inf	ormation of which prepa	rer has any knowledge.
Sign		1		1 -	20-17
Here	Signa	iture •		Date ▶	20 1
	553			#) 19 -	
	Print	your name ► WILLIAM M. WAGNER		Title ► CHIEF FIN	ANCIAL OFFICER
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
	ror	JARED ST. CLAIR, CPA	Jared St. Clair	01/26/17	self-employed P00445092
Prepa		Firm's name	MPANY, INC.		Firm's EIN ▶ 20-3895187
Use C	illy		COURT. SUITE 201. ENCINITAS CA 9202	24	Phone no. (760) 942-2608

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