8937

(December 2011)

Department of the Treasury

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions

OMB No. 1545-2224

internal Revenue Ser		P dee separate instructions.			
	porting Issuer				
1 Issuer's nam	е	2 Issuer's employer identification number (EIN)			
CARETRUST RE	EIT, INC.	46-3999490			
3 Name of con	tact for additional information	4 Telephone No. of contact	5 Email address of contact		
WILLIAM M. WA	GNFR	WWAGNER@CARETRUSTREIT.COM			
	street (or P.O. box if mail is no	7 City, town, or post office, state, and Zip code of contact			
OOS CALLE AMA	ANECER, SUITE 300	SAN CLEMENTE, CA 92673			
8 Date of actio		SAN OLLMENTE, CA 92073			
100		9 Classification and description			
SEE BELOW		COMMON STOCK			
10 CUSIP numb	per 11 Serial numbe	r(s) 12 Ticker symbol	13 Account number(s)		
14174T1	07	CTRE			
			ee back of form for additional questions.		
	¥		te against which shareholders' ownership is measured for		
	-	I DISTRIBUTIONS TO ITS SHAREHOLDE			
04/14/17					
07/14/17					
10/13/17					
01/16/18					
		177			
			rity in the hands of a U.S. taxpayer as an adjustment per		
			REDUCED THE BASIS OF THE SHARE IN THE		
HANDS OF THE	U.S. SHAREHOLDER AS FO	LLOWS:			
DATE	RETURN OF CAPITA	L			
04/14/17	\$0.023755				
07/14/17	\$0.023755				
10/13/17	\$0.023755				
01/16/18	\$0.023755				
16 Describe th	ne calculation of the change in	hasis and the data that supports the calcul	lation, such as the market values of securities and the		
			NS WAS IN EXCESS OF THE ISSUER'S EARNINGS		
			S IN THE RELATED SHARE TO THE EXTENT OF THE		
			EARNINGS AND PROFITS UNDER IRC SECTION 312,		
			ND THE REGULATIONS THEREUNDER USING		
THE BEST INFO	RMATION AVAILABLE AT T	HE TIME.			
			2027		

Part I		Organizational Action (continued)			
			() and a last the desired		
		applicable Internal Revenue Code section 301(c)(2), IRC SECTION 316	i(s) and subsection(s) upon which the tax	treatment is based	
IKC SEC	JION	301(c)(2), IRC SECTION 316			
18 C	an any	resulting loss be recognized? ► NO			
		any other information necessary to imple			LIOWEVED THE
		THESE ACTIONS ARE EFFECTIVE ON N PAID ON 01/16/18 IS EFFECTIVE ON			
		OR ALL OF THE DISTRIBUTIONS IS 201		TA CALLINDAR TA	TEAR, THE REPORTABLE
TAX IL	, and i	NACE OF THE BISTAINS IS 201			
-					
-					
00					
	Unde	r penalties of perjury, I declare that I have exar , it is true, correct, and complete. Declaration o	mined this return, including accompanying sch	edules and statements,	and to the best of my knowledge and
C: wm	peller	, it is true, correct, and complete. Declaration o	r preparer (other trian officer) is based on all in	omiation of which prepare	arer has any knowledge.
Sign Here		111.60		1/03	18
Here	Signa	ture - Wung		Date >	
	Print	your name WILLIAM M. WAGNER		Title ► CHIEF FI	NANCIAL OFFICER
Doid	THE	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Paid Prepa	rer	SCOTT T. WRIGLEY, CPA	Preparer's signature Scott T. Wrigley	01/22/18	self-employed P00631592
Use C		Firm's name ► HALVERSON & COM	PANY, INC.		Firm's EIN ▶ 20-3895187
	,	Firm's address ► 761 GARDEN VIEW C	OURT, SUITE 201, ENCINITAS CA 9202	24	Phone no. (760) 942-2608
Send Fo	rm 89	37 (including accompanying statements)	to: Department of the Treasury, Internal F	Revenue Service, Oa	den. UT 84201-0054