Report of Organizational Actions Affecting Basis of Securities Department of the Treasury

▶ See separate instructions.

OMB No. 1545-2224

Internal Nevenue Service			
Part I Reporting Issuer			
1 Issuer's name	2 Issuer's employer identification number (EIN)		
NORTHSTAR HEALTHCARE INCOME,	27-3663988		
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact	
STEVEN KAUFF 212-547-2600		KAUFF@NSAMGROUP.EU	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact		7 City, town, or post office, state, and Zip code of contact	
399 PARK AVENUE, 18TH FLOOR		NEW YORK, NY 10022	
8 Date of action	9 Classification and description		
SEE LINE 15	COMMON STOCK		
10 CUSIP number 11 Serial number	(s) 12 Ticker symbol	13 Account number(s)	
66705T 105			
	ch additional statements if needed. See ba		
		gainst which shareholders' ownership is measured for	
	E CASH DISTRIBUTIONS TO ITS		
CURRENT AND ACCUMULATED EARN		I, LINE 15 FOR THE	
AMOUNT OF THESE DISTRIBUTIONS	5.		
		· · · · · · · · · · · · · · · · · · ·	
We also believe the project with the programme continue to the		3000 4 2780 27 3000 100 100 100 100 100 100 100 100 10	
	30 100 100 100 100 100 100 100 100 100 1		
15 Describe the quantitative effect of the orga	anizational action on the basis of the security in	the hands of a U.S. taxpayer as an adjustment per	
	THE DISTRIBUTIONS REDUCED THE		
	PAYERS AS MENTIONED ON THE A		
IN THE HANDS OF THE U.S. TAXI	PAYERS AS MENTIONED ON THE A	TIACHED STATEMENT.	
\$ 100 mm		7544	
	basis and the data that supports the calculation EARNINGS AND PROFITS WERE CA	n, such as the market values of securities and the	
312, AS MODIFIED BY IRC SECT			
THE REGULATIONS THEREUNDER,			
SHAREHOLDER'S TAX BASIS IN I			
		THE SECOND PROPERTY.	

Signature ▶ Date ▶ Steven B Kauff Print your name ▶ Executive Vice President Preparer's signature Title ▶ Print/Type preparer's name PTIN Paid Check | if self-employed Preparer Firm's name Firm's EIN ▶ Use Only Phone no. Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054 NORTHSTAR HEALTHCARE INCOME, INC. FORM 8937 2014 TAX YEAR

PART II, LINE 15:

PER SHARE REDUCTION OF BASIS

		DISTRIBUTION	PER SHARE PER	RETURN OF
	DISTRIBUTION	PER SHARE PER	DAY REDUCTION	CAPITAL
	DATE	DAY	OF BASIS	PERCENTAGE
COMMON STOCK	1/2/2014	\$ 0.001849320	\$ 0.001605358	86.808%
	2/3/2014	\$ 0.001849320	\$ 0.001605358	86.808%
	3/3/2014	\$ 0.001849320	\$ 0.001605358	86.808%
	4/1/2014	\$ 0.001849320	\$ 0.001605358	86.808%
	5/1/2014	\$ 0.001849320	\$ 0.001605358	86.808%
	6/2/2014	\$ 0.001849320	\$ 0.001605358	86.808%
	7/1/2014	\$ 0.001849320	\$ 0.001605358	86.808%
	8/1/2014	\$ 0.001849320	\$ 0.001605358	86.808%
	9/2/2014	\$ 0.001849320	\$ 0.001605358	86.808%
	10/1/2014	\$ 0.001849320	\$ 0.001605358	86.808%
	11/3/2014	\$ 0.001849320	\$ 0.001605358	86.808%
	12/1/2014	\$ 0.001849320	\$ 0.001605358	86.808%