

## Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

**Part I Reporting Issuer**

|  |                                   |   |                             |
|--|-----------------------------------|---|-----------------------------|
| <b>1</b> Issuer's name   |                                   | <b>2</b> Issuer's employer identification number (EIN)              |                             |
| SABRA HEALTH CARE REIT, INC.   |                                   | 27-2560479  |                             |
| <b>3</b> Name of contact for additional information  | <b>4</b> Telephone No. of contact | <b>5</b> Email address of contact                                   |                             |
| LUIS CORONA  | (949) 777-2293                    | LCORONA@SABRAHEALTH.COM   |                             |
| <b>6</b> Number and street (or P.O. box if mail is not delivered to street address) of contact |                                   | <b>7</b> City, town, or post office, state, and ZIP code of contact |                             |
| 18500 VON KARMAN AVENUE, SUITE 550   |                                   | IRVINE, CA 92612  |                             |
| <b>8</b> Date of action  |                                   | <b>9</b> Classification and description                             |                             |
| SEE BELOW  |                                   | COMMON STOCK  |                             |
| <b>10</b> CUSIP number   | <b>11</b> Serial number(s)        | <b>12</b> Ticker symbol   | <b>13</b> Account number(s) |
| 78573L106  | N/A                               | SBRA  | N/A                         |

**Part II Organizational Action** Attach additional statements if needed. See back of form for additional questions.

**14** Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ THE TAXPAYER MADE CASH DISTRIBUTIONS TO ITS SHAREHOLDERS IN EXCESS OF ITS CURRENT AND ACCUMULATED EARNINGS AND PROFITS ON 02/28/19, 05/31/2019, 08/30/2019, AND 11/29/2019.

**15** Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶ THE DISTRIBUTION REDUCED THE BASIS OF THE SECURITIES IN THE HANDS OF THE U.S. TAXPAYER(S) AS FOLLOWS:

| PER SHARE REDUCTION OF BASIS |              |
|------------------------------|--------------|
| DATE                         | COMMON STOCK |
| 02/28/2019                   | \$0.21336    |
| 05/31/2019                   | \$0.21336    |
| 08/30/2019                   | \$0.21336    |
| 11/29/2019                   | \$0.21336    |

**16** Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ THE TAXPAYER'S EARNINGS AND PROFITS WERE CALCULATED UNDER IRC 312 AS MODIFIED BY IRC SECTION 857(d)(1) FOR A REAL ESTATE INVESTMENT TRUST, AND THE REGULATIONS THEREUNDER. AMOUNTS IN EXCESS OF EARNINGS AND PROFITS REDUCE THE SHAREHOLDER'S TAX BASIS IN ITS SHARE TO THE EXTENT OF BASIS.

**Part II Organizational Action** (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶

IRC SECTION 316 - DIVIDEND DEFINED

IRC SECTION 317 - PROPERTY DEFINED

IRC SECTION 301(c) - DISTRIBUTION OF PROPERTY

IRC SECTION 312 - EFFECT ON EARNINGS AND PROFITS

18 Can any resulting loss be recognized? ▶ THE DISTRIBUTION WILL NOT RESULT IN A LOSS.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ THE REPORTABLE TAX YEAR OF THE DISTRIBUTION IS 2019.

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

Signature ▶  Date ▶ 1/27/2020

Print your name ▶ MICHAEL COSTA Title ▶ EXECUTIVE VP - FINANCE

|                               |                            |                      |      |   |              |
|-------------------------------|----------------------------|----------------------|------|---|--------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN         |
|                               | Firm's name ▶              |                      |      |   | Firm's EIN ▶ |
|                               | Firm's address ▶           |                      |      |   | Phone no.    |