

Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

► See separate instructions.

Part I Reporting Issuer

1 Issuer's name Strategic Student & Senior Housing Trust, Inc.		2 Issuer's employer identification number (EIN) 81-4112948	
3 Name of contact for additional information Zach Heim	4 Telephone No. of contact 949-404-1800	5 Email address of contact zheim@sam.com	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact 19900 MacArthur Blvd., Suite 250		7 City, town, or post office, state, and ZIP code of contact Irvine, CA 92612	
8 Date of action Monthly Distributons-See Line 14		9 Classification and description Class T Common Stock Distributions	
10 CUSIP number 86279B 207	11 Serial number(s) N/A	12 Ticker symbol N/A	13 Account number(s) 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 ► **Strategic Student & Senior Housing Trust, Inc. paid one distribution to shareholders during 2024.**
The distribution was paid on the 12/16/2024.

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 was paid at \$0.24 per share on the outstanding shares of Class T common stock.**
The percentage of nondividend cash distributions (return of capital) is 0% of the total cash distribution received.

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 ► **Not applicable.**

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ► [IRC Section 301\(c\)\(2\).](#)

18 Can any resulting loss be recognized? ► **No tax loss is recognized.**

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ► These actions are effective on the dates of distributions identified above.

**Sign
Here**

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.

Signature ► Date ►

Print your name ► **Matt Lopez**

Title ► **CFO**

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ►

Firm's address ►

Phone no.
