





**Investor Presentation** 



# Community Healthcare Trust, Inc.

NYSE: CHCT

### **Market Data**

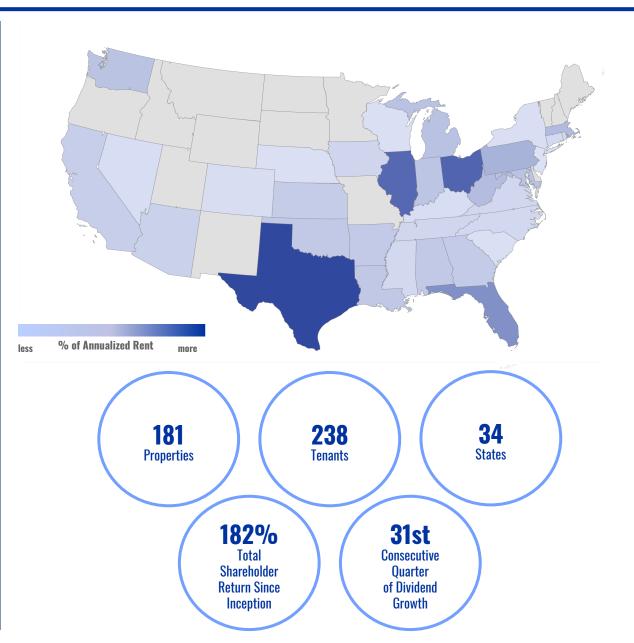
(as of March 31, 2023)

Closing Price: \$36.60

52 Week Range: \$43.88 / \$30.38

Market Cap: \$961.6 million

Enterprise Value: \$1,322.1 million



### **CHCT Offers a Unique Value Proposition**



#### **Attractive Market**

- Long-term industry growth tailwinds continue to drive demand and increase healthcare expenditures
- Government and commercial payors are seeking a lower cost site of care to deliver healthcare more efficiently
- Significant opportunities exist to develop and acquire high quality assets at attractive yields

### **Strategic Vision**

- Emphasis on smaller, off-market or lightly marketed transactions
- Identify needs-based, medical office, outpatient and alternate site facilities in targeted submarkets convenient to the population
- Utilize extensive relationships with healthcare providers, intermediaries and property owners to source attractive acquisitions



### **Disciplined Approach**

- Acquisitions must meet rigorous underwriting and return requirements no growth for the sake of growth
- Investment policy requires portfolio diversification by geography, industry segment, and tenant
- A conservative, easy to understand debt structure and balance sheet

### **Management Alignment**

- Executive Management team with over 25 years of healthcare and/or public REIT experience on average
- The Executive Officers have elected to take ALL compensation in the form of restricted stock with 8-year cliff vesting strong alignment of interest with shareholders

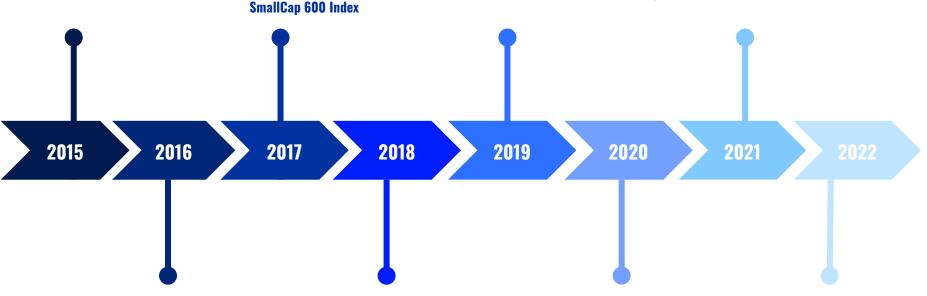


### Track Record of Consistent Growth



#### **Annotated Timeline of Key Milestones**

- May 2015 Community Healthcare Trust Inc. announced the pricing of its initial public offering of 6,250,000 shares of common stock at a price of \$19.00
- August 2015 Declared its inaugural dividend of \$0.142 per share
- July 2017 Announced the pricing of a public offering of 4.250.000 shares of common stock at a price of \$23.45
- December 2017 Community Healthcare Trust added to the RMZ and S&P
- June 2019 Surpassed \$500mm in total gross real estate properties
- November 2019 Surpassed \$100mm of cumulative dividends paid
- March 2021 Amended credit facility to add a \$125 million term loan maturing 2028, repaid a \$50 million term loan, extended maturity of revolver to 2026



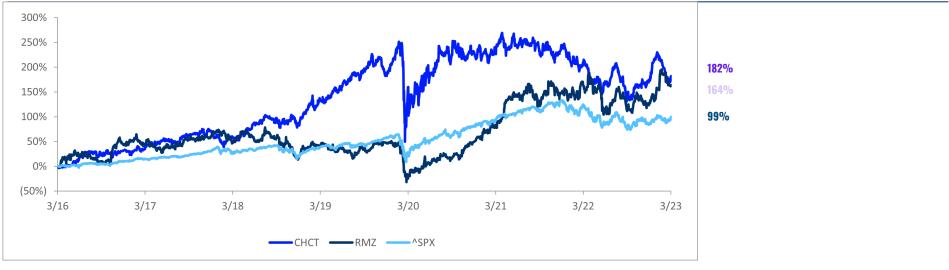
- April 2016 Announced the pricing of a public offering of 4,500,000 shares of common stock at a price of \$17.75
- August 2016 Entered into an amended and restated credit facility increasing revolver borrowing capacity from \$75mm -150mm
- March 2018 Amended credit facility to reduce pricing, fully funded its second term loan, and entered into a swap from floating to fixed on each of its term loans
- August 2018 Established initial \$100mm ATM program
- February 2020 Surpassed \$1bn in market capitalization
- December 2020 Surpassed \$738mm in total gross real estate properties
- December 2022 Amended credit facility to add a \$150 million term loan maturing 2030, repaid a \$50 million term loan

### **Track Record of Consistent Growth (cont.)**

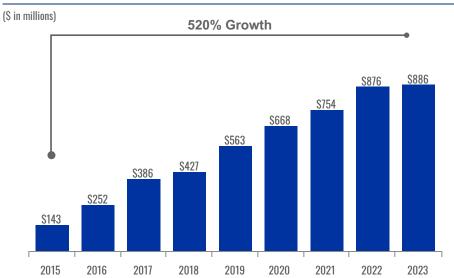


Community Healthcare Trust has delivered exceptional value to its shareholders since its IPO in 2015

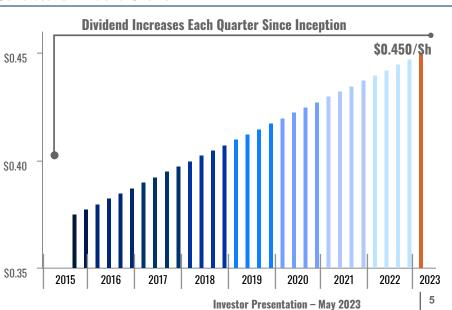
**Total Shareholder Return Since Inception** 



#### **Total Asset Growth**



#### **Consistent Dividend Growth**



### **Strategic Investment Model**



#### CHCT's proprietary investment model identifies off-market properties and quality operators at attractive cap rates

#### 1. Undervalued Asset Niche

- Acquisition focus on smaller off market or lightly marketed transactions
- Avoid acquiring properties through a competitive bidding process
- Focus on attractive properties from third-party owners or directly with healthcare providers

#### 2. Active Asset Management

- Staggered lease maturities provide opportunity to continuously mark rental rates to market
- Utilize internal asset management team as well as in-market property liaisons to handle tenant needs

#### 3. Portfolio Diversification

- Properties are diversified across tenant, geography, healthcare facility type and industry segment
- Internal investment guidelines limits concentration among these segments

#### **Representative Companies**









#### **Representative Asset Classes**

Acute In-Patient Behavioral Facilities (AIB)

Physician Clinics (PC)

**Behavioral Specialty Centers (BSF)** 

**Specialty Centers (SC)** 

Inpatient Rehabilitation Facilities (IRF)

Long-Term Acute Care Hospitals (LTACH)

**Medical Office Buildings (MOB)** 

Surgical Centers and Hospitals (SCH)

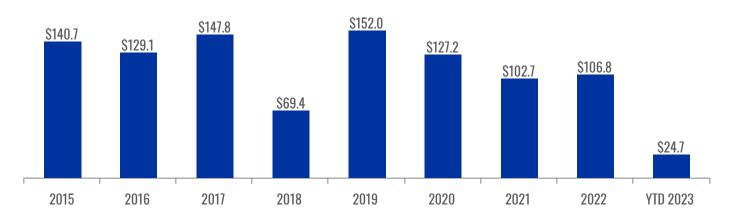
### **Strategic Investment Model (cont.)**



#### **Recent Acquisition and Investment Pipeline**

#### **Annual Investments**

(\$ in millions)



#### **Investment Pipeline**

- Four properties under definitive purchase agreements for an aggregate expected purchase price of approximately \$19.7 million and expected aggregate returns of 9.16% to 9.25%. The Company expects to close on these properties in the second quarter of 2023.
- Nine properties under definitive purchase agreements, to be acquired after completion and occupancy, for an aggregate expected purchase price of approximately \$214.5 million. The Company's expected returns on these investments are approximately 9.75% to 10.25%. The Company anticipates closing on these properties throughout 2023, 2024, and 2025.
- Three properties under signed term sheets for an aggregate expected purchase price of approximately \$18.1 million. The company expects to close on these properties during the second half of 2023.
- Term sheet signed with an operator for the funding and development of dialysis clinics for an expected aggregate investment of up to \$60.0 million with expected aggregate returns of approximately 9.5%.
- Currently negotiating and performing due diligence procedures customary for these types of transactions.

### **Diversified and Stable Portfolio**



#### Portfolio is spread across 34 states through a wide range of operators and facility types

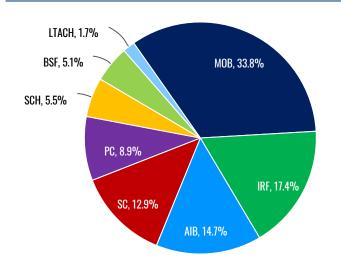
#### **Diversification by Tenant**

As of March 31, 2023, the portfolio was leased to approximately 238 separate tenants

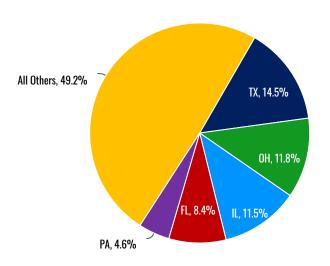
Top 3 tenants account for 22.7% of annualized rent

Tenant	Number of Properties	Annualized Revenue <sup>(1)</sup> (in thousands)	% of Annualized Rent
LifePoint Health	5	\$9,251	10.1 %
US Healthvest	3	\$7,792	8.5 %
Genesis Care	9	\$3,719	4.1 %
All Others	164	\$70,895	77.3 %
Totals	181	\$91,657	100.0 %

#### **Diversification by Property Type**



#### **Diversification by State**



### **Experienced Management Team**



#### David H. Dupuy

#### **Board Member, Chief Executive Officer & Chief Financial Officer**

Joined May 2019

- SunTrust Robinson Humphrey, Managing Director, Healthcare Investment Banking Group
- Bank of America, SVP Healthcare Group
- Bachelor of Arts & Master of Business Administration: Furman University and Vanderbilt University, respectively

#### **Leigh Ann Stach**

#### **Executive Vice President & Chief Accounting Officer**

Founder May 2015

- Healthcare Realty (NYSE: HR), VP Financial Reporting
- Hospital Corporation of America, Senior Accountant Financial Reporting
- Bachelor of Science in Accounting: Western Kentucky University

#### **Timothy L. Meyer**

#### **Executive Vice President - Asset Management**

Joined July 2019

- Altisource Portfolio Solutions (Nasdag: ASPS), SVP Field Services
- Nelson Mullins Riley & Scarborough, Of Counsel
- Welltower Inc. (f/k/a Health Care REIT, Inc.), Counsel
- Bachelor of Arts in Economics: University of Illinois; Juris Doctor degree & Masters in Business Administration: Vanderbilt University

#### **Alignment of Interest Program**

## Designed to incent management retention and focus on long-term growth and profitability

- Each Named Executive Officer has elected to take 100% of their salary, bonus, and incentive compensation in stock with an 8-year cliff vesting
- All employees are shareholders in the Company
- Restricted shares are subject to forfeiture in the event of voluntary termination

#### **Executive Incentive Program**

# Solely determined at the discretion of the Compensation Committee

- Metrics include three- and five-year total shareholder return relative to the Company peer group
- Vesting schedules range from three, five, and eight years depending on the election
- Restricted shares are subject to forfeiture in the event of a voluntary termination

### **Strong Corporate Governance**



#### **Board of Directors**

#### Alan Gardner - Chairman

- Retired Senior Relationship Manager healthcare group pharmaceutical, medical device and services sectors for companies with market caps greater than \$5 billion Wells Fargo
- Former head of healthcare lending Fleet Boston Financial
- Former Managing Director Healthcare Group Bank of America Securities

#### **Bob Hensley -** Chairman of Audit Committee

- Senior Advisor to healthcare and transaction advisory services groups Alvarez and Marsal
- Former Partner and Office Manager Partner Arthur Andersen and Ernst & Young
- Board of Directors Serves on several private company Boards

#### Claire Gulmi - Chairperson of Compensation Committee

- Retired Executive VP and CFO Envision Healthcare
- Former Executive VP and CFO AmSurg Corp
- Former CFO Jacques-Miller Inc.— real estate company
- Former Board Member of AmSurg Corp and AirMethods; serves on the advisory Board of Belmont University's Massey Graduate School of Business; and serves or has served on several local not-for-profit or private company Boards

#### R. Lawrence Van Horn - Chairman of Environmental Social and Governance Committee

- Lead Independent Director, Chair of Compensation and Governance Committees, Audit Committee member Harrow Health (NASDAQ: HROW)
- Board Chair Savida Health
- Board Chair Advanced Behavioral Solutions
- CEO Preverity Health
- Former Executive Director of Health Affairs, Associate Professor of Economics & Management Vanderbilt University
- Member, CEO Council, Council Capital

#### Cathrine Cotman - Board Member

- Senior Vice President, Corporate Real Estate LPL Financial
- · Former Global Alliance Director Cresa Global
- Former Senior Managing Director Newmark Knight Frank

#### **Key Governance Provisions**

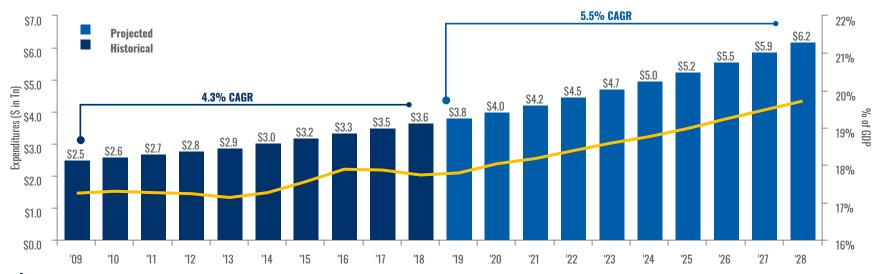
- Annual election of all board members
- No stockholder rights plan and restrictions in place to prevent one in the future
- Opted out of Maryland anti-takeover provisions and restrictions in place to prevent future opt-in
- Insiders do not control enough votes to veto a merger or business combination
- Stockholder vote required to approve amendment to bylaws
- Only one non-independent director (Mr. Dupuy)
- Stockholder proxy access for director nominations

### **Healthcare Industry Tailwinds**



#### **Aging U.S. Population Drives Healthcare Expenditures**

#### **Healthcare's Growing Importance**



#### **Commentary**

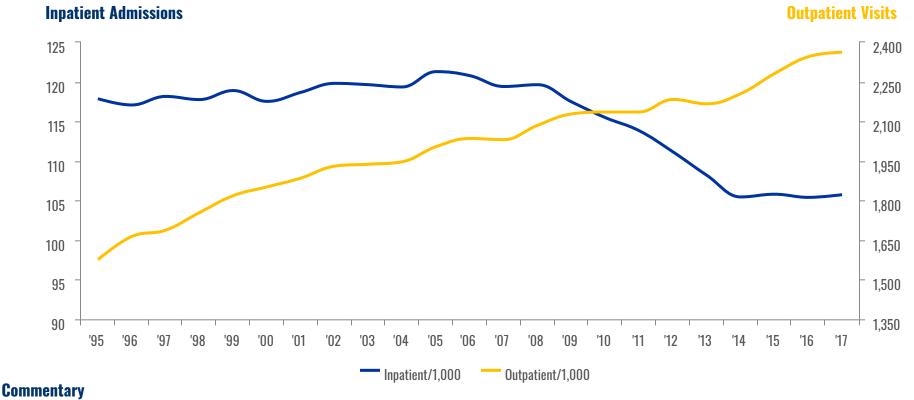
- Healthcare spending accounted for 17.7% of US Gross Domestic Product (GDP) in 2018
  - Projected to grow from \$3.6Tn in 2018 to reach \$6.2Tn by 2028
  - Represents a 5.5% average annual growth rate and a projected 19.7% of GDP by 2028
- The U.S. 65+ age group is growing faster than the country's population
  - Grew by 34.2% during the past decade, and by 3.2% from 2018 to 2019
  - ~10,000 Baby Boomers turn 65 every day
  - By 2030, there will be over 95 million people in the U.S. aged 65+, representing ~23% of the entire population
- ~90% of adults aged 65+ have one of more chronic conditions
- ~25% of Baby Boomers expect to live past the age of 90, which will lead to an increase in medical spending
  - Per person personal health care spending for the 65+ population was \$19,098 in 2014, over 5 times higher than spending per child (\$3,749) and almost 3 times the spending per working-age person (\$7,153)

### **Healthcare Industry Tailwinds (cont.)**



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**Technology, Cost, and Consumer Preference Shift Delivery of Care** 



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- Procedures traditionally performed in acute care hospitals are increasingly moving to specialty and outpatient facilities
- Studies show that outpatient visits per 1,000 have grown 49.7% from 1995-2017, whereas inpatient admissions per 1,000 have declined 10.4%
- Shift can be linked to advances in clinical science, technology, pain management, improved medical protocols, shifting consumer preferences, limited or inefficient space in existing hospitals, and lower costs in the outpatient environment
- This continuing shift increases the need for additional outpatient facilities and smaller, more specialized hospitals and rehabilitation facilities

### **Conservative Balance Sheet**

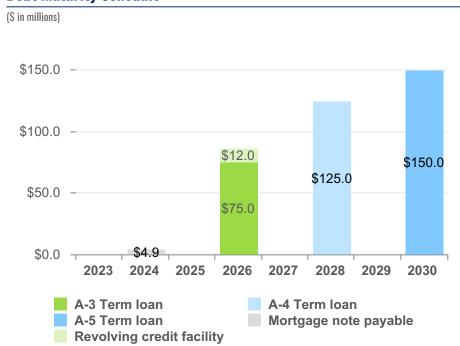


#### **Community Healthcare Trust maintains a stable and conservative balance sheet**

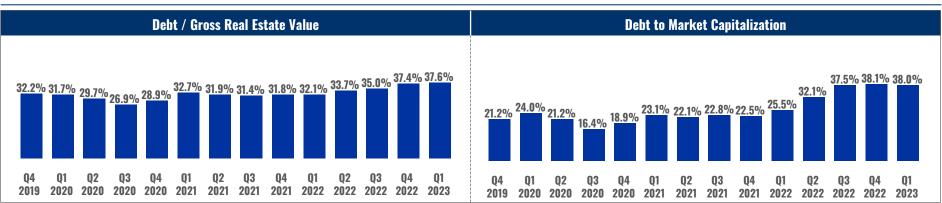
#### **Debt Composition**

Credit Product	Amount (\$mm)	Rate	Hedge	Hedge Rate
Revolving Credit Facility	\$150	(i) SOFR plus 1.25% to 1.90% or (ii) base rate plus 0.25% to 0.90%	No	N/A
A-3 Term Loan Due March 2026	\$75	(i) SOFR plus 1.65% to 2.30% or (ii) base rate plus 0.65% to 1.30%	Yes	4.3%
A-4 Term Loan Due March 2028	\$125	(i) SOFR plus 1.65% to 2.30% or (ii) base rate plus 0.65% to 1.30%	Yes	3.3%
A-5 Term Loan Due March 2030	\$150	(i) SOFR plus 1.65% to 2.30% or (ii) base rate plus 0.65% to 1.30%	Yes	5.1%

#### **Debt Maturity Schedule**



### **Key Balance Sheet Metrics**



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### **Lease Maturity Schedule**

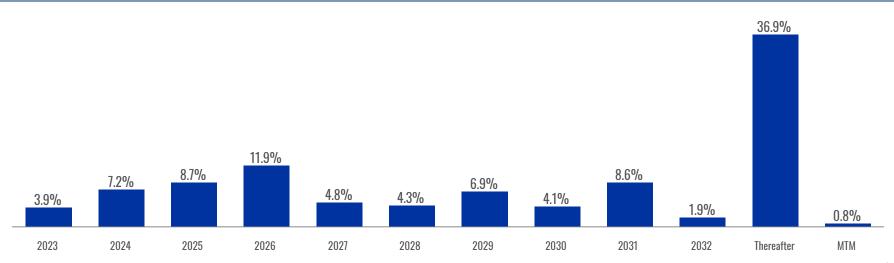


#### **Weighted Average Lease Term of 7.4 Years**

#### **Lease Maturity Schedule**

	Annualized Lease Revenue				
Lease Maturity Year	Number of Leases Expiring	Amount (\$) (in thousands)	% of Total		
2023	32	\$3,602	3.9	%	
2024	60	6,583	7.2	%	
2025	40	7,965	8.7	%	
2026	56	10,879	11.9	%	
2027	38	4,413	4.8	%	
2028	33	3,983	4.3	%	
2029	18	6,330	6.9	%	
2030	15	3,704	4.1	%	
2031	16	7,922	8.6	%	
2032	10	1,700	1.9	%	
Thereafter	41	33,836	36.9	%	
Month-to-Month	13	722	0.8	%	
Total	372	\$91,639	100.0	%	

#### **Percent of Annualized Lease Revenue by Maturity**





#### **CHCT** is committed to sound **ESG** policies

#### **Guidelines**



#### **Environmental**

We are committed to implementing environmentally sustainable best practices for our own operations, and to assist our tenants in their efforts to address their environmental concerns. Examples include:

- Benchmarking and monitoring utility usage with the goal of improving energy efficiency and reducing waste whenever possible
- Requiring the use of LED lighting, high-efficiency HVAC units, and low flow water fixtures on all newly developed and renovated buildings
- Adding needlepoint bipolar ionization equipment to our corporate office HVAC that effectively traps viruses (including the coronavirus), mold, odors, and other pathogens



#### Social

We recognize the value that each of our employees brings to our clients every day and seek ways to further support and engage them. Examples include:

- All employees are eligible to receive incentive compensation in the form of cash and restricted stock based on individual and company performance
- Supporting our employees through a competitive benefits package, philanthropic, training, and education support
- Ensuring the safety and well-being of our employees and tenants

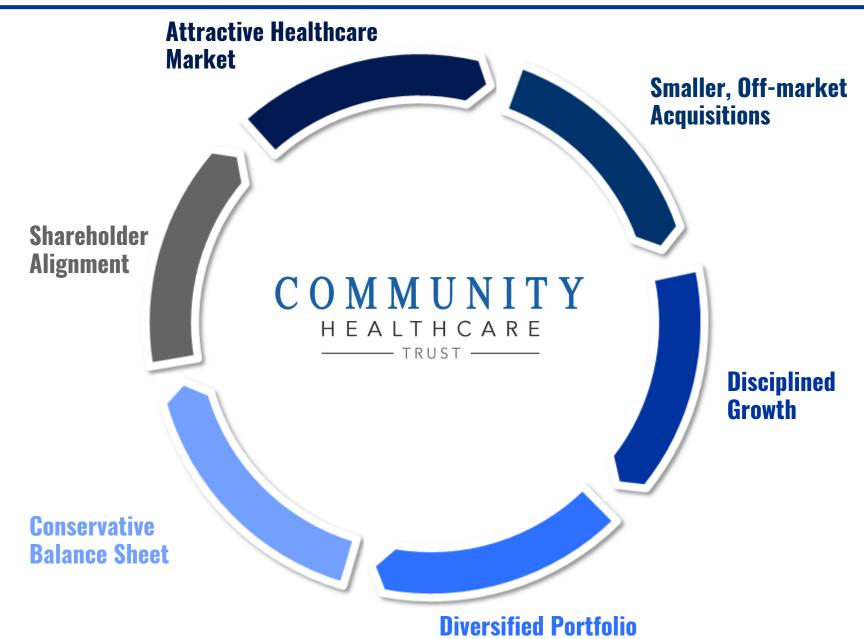


#### **Governance**

A central tenet of the Company's founders was to design a corporate governance structure that was in complete alignment with its common shareholders. Examples include:

- The Company's Investment Guidelines limit, among other things, concentration of tenant, healthcare sector, and geographic location
- Annual election for all board members, only one non-independent director, and shareholder proxy access for director nominations
- Since inception, 100% of all C-Suite compensation has been taken in restricted stock
- Annually, employees are required to attest their compliance with the Company's Code of Ethics and Business Conduct





### **Indicative Portfolio**











### **Indicative Portfolio (cont.)**











### **Disclaimer**



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The forward-looking statements contained in this presentation reflect the Company's beliefs, assumptions and expectations of its future performance, taking into account all information currently available to the Company. These beliefs, assumptions and expectations are subject to risks and uncertainties and can change as a result of many possible events or factors, not all of which are known to the Company. If a change occurs, the Company's business, prospects, financial condition, liquidity and results of operations may vary materially from those expressed in the Company's forward-looking statements. You should carefully consider all risks before you make an investment decision with respect to the Company's common stock. Except as required by law, the Company does not undertake any obligation to publicly update or revise any forward-looking statements to reflect changes in underlying assumptions or factors, new information, future events or other changes. You are encouraged to read the Company's SEC filings in their entirety, including the sections entitled "Risk Factors" and "Cautionary Statement Regarding Forward Looking Statements."

This presentation includes information regarding sellers/proposed tenants and we have not independently verified this information. We have no reason, however, to believe this information is inaccurate in any material respect.