Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

HEALTHCARE TRUST, INC. 3 Name of contact for additional information 4 Telephone No. of contact 5 Email address TYLER CHAMPLIN (401) 367-4480 TCHAMPLIN@A	38-3888962 s of contact
3 Name of contact for additional information TYLER CHAMPLIN (401) 367-4480 TCHAMPLIN® 6 Number and street (or P.O. box if mail is not delivered to street address) of contact 7 City, town, or if the foliation of the properties of the organization of the properties of the security in the hands of a U.3 share or as a percentage of old basis ► THE DISTRIBUTIONS MADE ON THE FOLLOWING DATE SECURITY IN THE HANDS OF THE U.S. TAXPAYER(S) AS FOLLOWS: PERCENTAGE OF MONTHLY DISTRIBUTIONS WHICH REDUCES STOCK BASIS DESCRIPTION TO THE HANDS OF THE U.S. TAXPAYER(S) AS FOLLOWS: PERCENTAGE OF MONTHLY DISTRIBUTIONS WHICH REDUCES STOCK BASIS DATE COMMON STOCK 15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.3 share or as a percentage of old basis ► THE DISTRIBUTIONS MADE ON THE FOLLOWING DATES RED SECURITY IN THE HANDS OF THE U.S. TAXPAYER(S) AS FOLLOWS: PERCENTAGE OF MONTHLY DISTRIBUTIONS WHICH REDUCES STOCK BASIS DATE COMMON STOCK 1/31/2018 100% 1/331/2018 100% 1/331/2018 100% 1/331/2018 100% 1/331/2018 100% 1/331/2018 100% 1/331/2018 100% 1/331/2018 100% 1/331/2018 100% 1/331/2018 100% 1/331/2018 100% 1/331/2018 100% 1/331/2018 100% 1/331/2018 100% 1/331/2018 100% 1/331/2018 100% 1/331/2018 100% 1/331/2018 100% 1/331/2018 100% 1/331/2018 100%	s of contact
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6/30/2018 100%	
SEE STATEMENT 1	
16 Describe the calculation of the change in basis and the data that supports the calculation, such as the mark	
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17 Li	st the	e applicable Internal Revenue Code sect	tion(s) and subsection(s) upon which th	ne tax treatment is based 🕨	
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18 C	an ai	ny resulting loss be recognized? ► NO			
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19 P	rovid	e any other information necessary to im	plement the adjustment, such as the re	eportable tax year	
		TIONS ARE EFFECTIVE ON THE DATE			
	Und	der penalties of perjury, I declare that I have	examined this return, including accompany	ing schedules and statements	, and to the best of my knowledge and
	beli	ef, it is true, correct, and complete. Declaration	on of preparer (other than officer) is based or	n all information of which prep	arer has any knowledge.
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	Prin	nt your name KATIE KURTZ		Title ► CFO	
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Send F	orm	8937 (including accompanying statemer	nts) to: Department of the Treasury, Int	ernal Revenue Service, Og	den, UT 84201-0054

FORM 8937 - PART II, QUESTION 15 CONT'D

DATE	COMMON STOCK	
07/31/2018	100%	
08/31/2018	100%	
09/30/2018	100%	
10/31/2018	100%	
11/30/2018	100%	
12/31/2018	100%	