See separate instructions.

Part Reporting Issuer				
1 Issuer's name			2 Issuer's employer identification number (EIN)	
HEALTHCARE TRUST, INC.		38-3888962		
3 Name of contact for additional in	formation <b>4</b> Telep	hone No. of contact	5 Email address of contact	
CURTIS PARKER	212-4	15-6500	CPARKER@AR-GLOBAL.COM	
6 Number and street (or P.O. box i	f mail is not delivered	to street address) of contact	7 City, town, or post office, state, and ZIP code of contact	
	EI OOD			
650 FIFTH AVENUE, 30TH 8 Date of action		lassification and description	NEW YORK, NY 10019	
		DISTRIBUTIONS TO PREFERRED SHAREHOLDERS		
VARIOUS		SIRIBULIONS IN PREFE	TRED SHAREHOLDERS	
	ial number(s)	12 Ticker symbol	13 Account number(s)	
42226B204				
	tion Attach addition	onal statements if needed. So	ee back of form for additional questions.	
			ate against which shareholders' ownership is measured for	
the action ► HEALTHCARE	TRUST, INC.	("TAXPAYER") MADE (	CASH DISTRIBUTIONS TO ITS PREFERRED	
			EARNINGS AND PROFITS. SEE ATTACHED	
SCHEDULE FOR ADDITIONA	L DETAIL.			
15 Describe the quantitative effect	of the organizations	laction on the basis of the secu	rity in the hands of a U.S. taxpayer as an adjustment per	
	-		DEND DISTRIBUTIONS ARE INCLUDED IN	
			RIBUTIONS SHOULD REDUCE THE TAX BASIS	
OF EACH PREFERRED SHAR			KIDUIIONS SHOULD REDUCE THE TAX BASIS	
	E, DOI NOI DI			

Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the 16 valuation dates ► THE TAXPAYER'S EARNINGS AND PROFITS WERE CALCULATED UNDER IRC. SEC. 312 AND THE REGULATIONS THEREUNDER. AMOUNTS IN EXCESS OF EARNINGS AND PROFITS REDUCE THE SHAREHOLDER'S TAX BASIS IN ITS SHARES TO THE EXTENT OF THE BASIS.

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 89			0		Page <b>2</b>	
Part		Drganizational Action (continued applicable Internal Revenue Code section		tax treatment is based	•	
		301(c)(2)				
<b>18</b> C	an any	resulting loss be recognized? ► <u>NO</u>				
<b>10</b> D	rovido	any other information passagers to imply	ment the adjustment such as the res	ortabla tax yaar N		
		any other information necessary to imple RTABLE TAX YEAR IS 2021.	ement the adjustment, such as the rep			
	1					
		r penalties of perjury, I declare that I have exa , it is true, correct, and complete. Declaration of				
Sign		1 HM/2 H		00/0	02/07/2022	
Here <sub>Si</sub>	Signa	ture ►		Date ►02/0	//2022	
	Print	your name ► SCOTT LAPPETITO		Title► CFO		
Paid	1 - 1010	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN	
Prepa		CARLA SOUSA	L'inte	02/07/2022	self-employed P01776638	
Use (	Only	Firm's name ► DELOITTE TAX L		TLANTA GA 3030	Firm's EIN ► 86-1065772	

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054

## SUPPLEMENTAL INFORMATION FOR FORMS 1099

PREFERRED STOCK								
CUSIP	Payment Date	0	Per Share Distribution		Nondividend Distribution			
42226B204	1/15/2021	\$	0.460938	\$	0.460938			
42226B204	4/15/2021	\$	0.460938	\$	0.460938			
42226B204	7/15/2021	\$	0.460938	\$	0.460938			
42226B204	10/15/2021	\$	0.460938	\$	0.460938			
		1.84375			1.84375			
		100%			100%			