See separate instructions.

Part I Reporting Issuer		2. Jacuaria empleuer identification number (FIN)
1 Issuer's name	2 Issuer's employer identification number (EIN)	
HEALTHCARE TRUST, INC.		38-3888962
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact
CURTIS PARKER	212-415-6500	CPARKER@AR-GLOBAL.COM
6 Number and street (or P.O. box if mail is not		
222 BELLEVUE <b>AVENU</b> E		NEWPORT, RI 02840
8 Date of action	9 Classification and des	scription
	DISTRIBUTIONS 1	O PREFERRED A SHAREHOLDERS
VARIOUS		
10 CUSIP number         11 Serial number	s) <b>12</b> Ticker syn	nbol 13 Account number(s)
400060004		
42226B204 Part II Organizational Action Atta	h additional statements if	needed. See back of form for additional questions.
		on or the date against which shareholders' ownership is measured for
•	•••	) MADE CASH DISTRIBUTIONS TO ITS PREFERRED A
		MULATED EARNINGS AND PROFITS. SEE ATTACHED
SCHEDULE FOR ADDITIONAL DETAI	ш.	
<b>15</b> Describe the quantitative effect of the order	nizational action on the basis	of the security in the hands of a U.S. taxpayer as an adjustment per
		ONDIVIDEND DISTRIBUTIONS ARE INCLUDED IN
		ND DISTRIBUTIONS SHOULD REDUCE THE TAX BASIS
OF EACH PREFERRED SHARE, BUT		DISTRIBUTIONS SHOULD REDUCE THE TAX DASIS
OF BACH TREPERRED SHARE, BUT	NOT DELOW ZERO.	

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. 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.

Form 89					Page <b>2</b>
Part		Organizational Action (continued	d)		
		applicable Internal Revenue Code sectio 301 ( c ) ( 2 )	on(s) and subsection(s) upon which the ta	x treatment is based I	•
<b>18</b> C	can any	resulting loss be recognized? ► NO			
<b>19</b> P	rovide	any other information necessary to imple	ement the adjustment, such as the reporta	able tax year 🕨	
THE F	REPO	RTABLE TAX YEAR IS 2023.			
	Unde	r penalties of periup. I declare that I have ex-	amined this return, including accompanying so	chedules 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 ir	nformation of which prep	arer has any knowledge.
Sign		1 at Magarte			
Here	Signa	ture►		Date▶1/31	/24
	Print	your name ► SCOTT LAPPETITO		Title► CFO	1
Paid		Print/Type preparer's name	Preparer's signature	Date	
Prepa		CARLA SOUSA		01/29/2024	self-employed P01776638 Firm's EIN ► 86-1065772
Use (	Only	Firm's name ► DELOITTE TAX I		CJ 20202	Firm's EIN $\blacktriangleright$ 86-1065772

 Firm's address ▶ 191
 PEACHTREE
 STREET
 NE
 2000
 ATLANTA
 GA
 30303
 Phone no. 404 - 220 - 1500

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

## SUPPLEMENTAL INFORMATION FOR FORMS 1099

PREFERRED STOCK								
CUSIP	Payment Date		Per Share Distribution		ondividend istribution			
42226B204	1/17/2023	\$	0.4609375	\$	0.4609375			
42226B204	4/17/2023	\$	0.4609375	\$	0.4609375			
42226B204	7/17/2023	\$	0.4609375	\$	0.4609375			
42226B204	10/16/2023	\$	0.4609375	\$	0.4609375			
		_	1.84375		1.84375			
		-	100%		100%			