

Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

► See separate instructions.

Part I Reporting Issuer

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 delivered to street address) of contact		7 City, town, or post office, state, and ZIP code of contact	
222 BELLEVUE AVENUE		NEWPORT, RI 02840	
8 Date of action		9 Classification and description	
VARIOUS		DISTRIBUTIONS TO PREFERRED B SHAREHOLDERS	
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)
42226B303			

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 ► HEALTHCARE TRUST, INC. ("TAXPAYER") MADE CASH DISTRIBUTIONS TO ITS PREFERRED B SHAREHOLDERS IN EXCESS OF ITS CURRENT AND ACCUMULATED EARNINGS AND PROFITS. SEE ATTACHED SCHEDULE FOR ADDITIONAL DETAIL.

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 AMOUNT OF THE NONDIVIDEND DISTRIBUTIONS ARE INCLUDED IN THE ATTACHED SCHEDULE. THE AMOUNT OF NONDIVIDEND DISTRIBUTIONS SHOULD REDUCE THE TAX BASIS OF EACH PREFERRED SHARE, BUT NOT BELOW 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.

Part II Organizational Action (continued)**17** List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ►

IRC SEC. 301(c)(2)

18 Can any resulting loss be recognized? ► NO**19** Provide any other information necessary to implement the adjustment, such as the reportable tax year ►

THE REPORTABLE TAX YEAR IS 2023.

**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 ► 1/31/24

Print your name ► SCOTT LAPPETITO

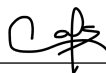
Title ► CFO

**Paid
Preparer
Use Only**

Print/Type preparer's name

CARLA SOUSA

Preparer's signature



Date

01/29/2024

Check ☐ if
self-employed

PTIN

P01776638

Firm's name ► DELOITTE TAX LLP

Firm's EIN ► 86-1065772

Firm's address ► 191 PEACHTREE STREET NE, STE 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

HEALTHCARE TRUST, INC.
38-3888962
YEAR ENDED DECEMBER 31, 2023

SUPPLEMENTAL INFORMATION FOR FORMS 1099

PREFERRED STOCK

CUSIP	Payment Date		Per Share Distribution		Nondividend Distribution
42226B303	1/17/2023	\$	0.4453125	\$	0.4453125
42226B303	4/17/2023	\$	0.4453125	\$	0.4453125
42226B303	7/17/2023	\$	0.4453125	\$	0.4453125
42226B303	10/16/2023	\$	0.4453125	\$	0.4453125
			1.78125		1.78125
			100%		100%