### **AMENDED**

Form **8937**(December 2011)
Department of the Treasury
Internal Revenue Service

### Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-2224

► See separate instructions.

Part I Reporting I	ssuer			•		
1 Issuer's name				2 Issuer's employer identification number (EIN)		
AMERICAN REALTY C	'АРТТАТ, НЕАТ.T	HCARE TR	UIST. INC.	27-3306391		
3 Name of contact for add		4 Telephone No. of contact		5 Email address of contact		
BRIAN K. WOOD		(502) 35		7.00		
6 Number and street (or P	.O. box if mail is not	delivered to s	street address) of contact	7 City, town, or post office, state, and Zip code of contact		
10350 ORMSBY PARK	PLACE, SUIT	'E 300		LOUISVILLE, KY 40223		
8 Date of action		9 Class	sification and description	·		
		СОММО	N STOCK			
1/15/2015			10 71			
10 CUSIP number	11 Serial number(	(S)	12 Ticker symbol	13 Account number(s)		
Part II Organization	nal Action Attac	ch additional	statements if needed. See ba	ack of form for additional questions.		
14 Describe the organiza	tional action and, if a	applicable, the	e date of the action or the date ag	gainst which shareholders' ownership is measured for		
the action ► AMERI	CAN REALTY C	APITAL H	EALTHCARE TRUST, INC	C ("TAXPAYER") MADE A CASH		
				NT AND ACCUMULATED EARNINGS AND		
PROFITS. SEE PART	I LINE 15	FOR THE	AMOUNT OF THESE DIST	TRIBUTIONS PER SHARE.		
	_			the hands of a U.S. taxpayer as an adjustment per		
				FOLLOWING DATES REDUCED THE		
BASIS OF THE SECU	RITY IN THE	HANDS OF	THE U.S. TAXPAYER(S	S)AS FOLLOWS:		
			PER S	SHARE REDUCION OF BASIS		
RECORD DATE	DATE P	AID	COMM	MON STOCK		
01/08/2015	01/15/	2015	\$0.0	05666667		
01/15/2015	01/15/	2015	\$0.0	)12795699		
	-			, such as the market values of securities and the		
				ALCULATED UNDER IRC. SEC. 312,		
				NINGS AND PROFITS REDUCE THE		
SHAREHOLDER'S TAX	BASIS IN IT	'S SHARES	TO THE EXTENT OF BA	ASIS.		

Part I	(	Organizational Action (co	ntinued)				
17 Lis	st the	applicable Internal Revenue Code	e section(s) and subsection(s)	upon which the tax tre	eatment is	based ▶	
IRC.	SEC	. 301 (C) (2)				·	
18 C	an any	resulting loss be recognized? ►	NO				
<b>19</b> Pr	rovida	any other information necessary	to implement the adjustment	such as the reportable	tay year		
		TIONS ARE EFFECTIVE					
THESE	. AC.	IIONS ARE EFFECTIVE	ON THE DATE OF DI.	SIKIBULION ID	2111111	ED ABOVE.	
		r penalties of perjury, I declare that I					knowledge and
	bellet	, it is true, correct, and complete. Dec	laration of preparer (other than of	ricer) is based on all infor	mation of w	nich preparer has any knowledge.	
Sign		/a/ Drian V Maa	ı				
Here	Signa	/s/ Brian K. Woo	a		Date ► _	02/16/2016	
					_		
	Print	your name ► BRIAN K. WOOI				VICE PRESIDENT	
Paid		Print/Type preparer's name	Preparer's signature		Date	Check if PTIN	
Prepa	rer					self-employed	
Use C		Firm's name ▶				Firm's EIN ▶	
		Firm's address ▶				Phone no.	
Send Fo	orm 89	337 (including accompanying state	ements) to: Department of the	Treasury, Internal Re	venue Ser	vice, Ogden, UT 84201-0054	

## **AMERICAN REALTY CAPITAL HEALTHCARE TRUST, INC.** 2015 Form 8937

27-3306391

Explanation of Changes to Form 8937:

Form 8937 is being amended to include an additional dividend payment made during tax year 2015.

### AS ORIGINALLY PREPARED

(December 2011) Department of the Treasury

# Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-2224

Internal Revenue Service			► See separate instructions.			
Part I Reporting	Issuer				•	
1 Issuer's name			2 Issuer's employer ider	2 Issuer's employer identification number (EIN)		
AMERICAN REALTY	CAPITAL HEALT	HCARE TR	RUST, INC.	27-3306391		
3 Name of contact for a	dditional information	4 Telephon	ne No. of contact	5 Email address of contact	it	
BRIAN K. WOOD		(502) 35	57-9000			
6 Number and street (or	P.O. box if mail is not	delivered to s	street address) of contact	7 City, town, or post office, s	tate, and Zip code of contact	
10350 ORMSBY PAR	RK PLACE, SUIT	E 300		LOUISVILLE, KY 4	0223	
8 Date of action			sification and description  N STOCK			
1/15/2015						
10 CUSIP number	11 Serial number(	(s)	12 Ticker symbol	13 Account number(s)		
Part II Organizat	tional Action Attac	ch additional	statements if needed. See	e back of form for additional qu	estions.	
14 Describe the organiz	zational action and, if a	applicable, the	e date of the action or the date	e against which shareholders' own	ership is measured for	
the action ► AME	RICAN REALTY C	APITAL H	EALTHCARE TRUST,	INC ("TAXPAYER") MADE	E A CASH	
DISTRIBUTION TO	ITS SHAREHOLD	ERS IN E	XCESS OF ITS CURR	ENT AND ACCUMULATED E	EARNINGS AND	
PROFITS. SEE PAR	RT II LINE 15	FOR THE	AMOUNT OF THESE D	ISTRIBUTIONS PER SHAF	₹E.	
share or as a percer	ntage of old basis <b>&gt;</b> <u>T</u>	HE DISTR	IBUTION MADE ON TH	ty in the hands of a U.S. taxpayer a		
BASIS OF THE SEC	CURITY IN THE	HANDS OF	THE U.S. TAXPAYE	R(S)AS FOLLOWS:		
	- / 0 0 4 =					
DATE PAID: 01/15		COLUMNOST	amoar, 40 050000	C.D.		
PER SHARE REDUCT	ION OF BASIS,	COMMMON	STOCK: \$0.0566666	67		
valuation dates ► <u>T</u>	HE TAXPAYER'S	EARNING	S AND PROFITS WERE	ation, such as the market values of  E CALCULATED UNDER IR	C. SEC. 312,	
				ARNINGS AND PROFITS F	CEDUCE THE	
SHAKEHULDEK'S TA	V DWDID IN II	o onakes	TO THE EXTENT OF	DASIS.		

Part I		Organizational Action (continue	ed)		, <b>,</b> , ,				
<b>17</b> Li	at tha	applicable Internal Payanus Code cost	an(a) and subscation(a) upon w	aigh the toy treetment is beard					
		<ul><li>applicable Internal Revenue Code section</li><li>301 (C) (2)</li></ul>	on(s) and subsection(s) upon wi	iich the tax treatment is based					
1110.	510	. 301 (0) (1)							
<b>18</b> C	an an	y resulting loss be recognized? ► NO							
-									
40 0		and the second s	Lancard than a Paratagonal according	the managed blocks and be					
		any other information necessary to imp			OVE				
THESE	, AC	TIONS ARE EFFECTIVE ON .	THE DATE OF DISTRIB	DIION IDENIIFIED AD	OVE:				
	Unde	er penalties of perjury, I declare that I have e	examined this return, including accord	mpanying schedules and statement	s, and to the best of my knowledge and				
		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and lief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
Sign									
Here	Signa	ature▶/s/ Brian K. Wood		Date ►11/	10/2015				
	Print	your name ► BRIAN K. WOOD	Dronorovio oir		PRESIDENT				
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN				
Prepa		F. 1			self-employed				
Use C	Only	Firm's name			Firm's EIN ▶				
		Firm's address ▶		y, Internal Revenue Service, Og	Phone no.				