

AMENDED

Report of Organizational Actions Affecting Basis of Securities

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

OMB No. 1545-2224

See separate instructions.

Part I Reporting Issuer

1 Issuer's name: AMERICAN REALTY CAPITAL HEALTHCARE TRUST, INC.
2 Issuer's employer identification number (EIN): 27-3306391
3 Name of contact for additional information: BRIAN K. WOOD
4 Telephone No. of contact: (502) 357-9000
5 Email address of contact
6 Number and street (or P.O. box if mail is not delivered to street address) of contact: 10350 ORMSBY PARK PLACE, SUITE 300
7 City, town, or post office, state, and Zip code of contact: LOUISVILLE, KY 40223
8 Date of action: 1/15/2015
9 Classification and description: COMMON STOCK
10 CUSIP number
11 Serial number(s)
12 Ticker symbol
13 Account number(s)

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: AMERICAN REALTY CAPITAL HEALTHCARE TRUST, INC ("TAXPAYER") MADE A CASH DISTRIBUTIONS TO ITS SHAREHOLDERS IN EXCESS OF ITS CURRENT AND ACCUMULATED EARNINGS AND PROFITS. SEE PART II LINE 15 FOR THE AMOUNT OF THESE DISTRIBUTIONS PER SHARE.

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 DISTRIBUTIONS MADE ON THE FOLLOWING DATES REDUCED THE BASIS OF THE SECURITY IN THE HANDS OF THE U.S. TAXPAYER(S) AS FOLLOWS:

Table with 3 columns: RECORD DATE, DATE PAID, PER SHARE REDUCION OF BASIS. Rows include 01/08/2015, 01/15/2015, 01/15/2015 with corresponding values for DATE PAID and PER SHARE REDUCION OF BASIS.

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 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 ▶ _____
THESE ACTIONS ARE EFFECTIVE ON THE DATE OF DISTRIBUTION IDENTIFIED ABOVE.

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 ▶ /s/ Brian K. Wood Date ▶ 02/16/2016

Print your name ▶ **BRIAN K. WOOD** Title ▶ **VICE PRESIDENT**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

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

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 Issuer

1 Issuer's name AMERICAN REALTY CAPITAL HEALTHCARE TRUST, INC.		2 Issuer's employer identification number (EIN) 27-3306391	
3 Name of contact for additional information BRIAN K. WOOD	4 Telephone No. of contact (502) 357-9000	5 Email address of contact	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact 10350 ORMSBY PARK PLACE, SUITE 300		7 City, town, or post office, state, and Zip code of contact LOUISVILLE, KY 40223	
8 Date of action 1/15/2015	9 Classification and description COMMON STOCK		
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)

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 ▶ **AMERICAN REALTY CAPITAL HEALTHCARE TRUST, INC ("TAXPAYER") MADE A CASH DISTRIBUTION TO ITS SHAREHOLDERS IN EXCESS OF ITS CURRENT AND ACCUMULATED EARNINGS AND PROFITS. SEE PART II LINE 15 FOR THE AMOUNT OF THESE DISTRIBUTIONS PER SHARE.**

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 DISTRIBUTION MADE ON THE FOLLOWING DATE REDUCED THE BASIS OF THE SECURITY IN THE HANDS OF THE U.S. TAXPAYER(S) AS FOLLOWS:**

DATE PAID: 01/15/2015
PER SHARE REDUCION OF BASIS, COMMON STOCK: \$0.05666667

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 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 ▶ _____
THESE ACTIONS ARE EFFECTIVE ON THE DATE OF DISTRIBUTION IDENTIFIED ABOVE.

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.

Sign Here
Signature ▶ /s/ Brian K. Wood Date ▶ 11/10/2015

Paid Preparer Use Only	Print your name ▶ BRIAN K. WOOD	Preparer's signature	Title ▶ VICE PRESIDENT	Check <input type="checkbox"/> if self-employed	PTIN
	Print/Type preparer's name		Date	Firm's EIN ▶	
	Firm's name ▶			Phone no.	
	Firm's address ▶				