

Report of Organizational Actions Affecting Basis of Securities

▶ 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	
650 FIFTH AVENUE, 30TH FLOOR		NEW YORK, NY 10019	
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

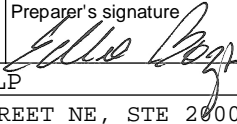
19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ _____
THE REPORTABLE TAX YEAR IS 2022.

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 ▶  Date ▶ 02/07/2023

Print your name ▶ SCOTT LAPPETITO

Title ▶ CFO

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>EDDIE BOZEMAN</u>		<u>02/06/2023</u>		<u>P00742238</u>
	Firm's name ▶ <u>DELOITTE TAX LLP</u>	Firm's EIN ▶ <u>86-1065772</u>		Phone no. <u>404-220-1500</u>	
	Firm's address ▶ <u>191 PEACHTREE STREET NE, STE 2000, ATLANTA, GA 30303</u>				

HEALTHCARE TRUST, INC.
38-3888962
YEAR ENDED DECEMBER 31, 2022

SUPPLEMENTAL INFORMATION FOR FORMS 1099

PREFERRED STOCK				
CUSIP	Payment Date	Per Share Distribution	Nondividend Distribution	
42226B303	1/18/2022	\$ 0.4453125	\$ 0.4453125	
42226B303	4/14/2022	\$ 0.4453125	\$ 0.4453125	
42226B303	7/14/2022	\$ 0.4453125	\$ 0.4453125	
42226B303	10/17/2022	\$ 0.4453125	\$ 0.4453125	
		1.78125	1.78125	
		100%	100%	