## Department of the Treasury

## Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

| Internal Revenue Service    |                                     |                          | See separate instructions                       | <b>5.</b>                               |                              |  |  |
|-----------------------------|-------------------------------------|--------------------------|---|---|------------------------------|--|--|
| Part I Reporting            | Issuer                              |                          |   |   | -                            |  |  |
| 1 Issuer's name             |                                     | 2 Issuer's employer ider | 2 Issuer's employer identification number (EIN) |   |                              |  |  |
| HEALTHCARE TRUST,           | INC.                                | 38-3888962               | 38-3888962                                      |   |                              |  |  |
| 3 Name of contact for add   |                                     | 4 Telephor               | ne No. of contact                               | 5 Email address of contac               | t                            |  |  |
|                             |                                     |                          |   |   |                              |  |  |
| CURTIS PARKER               | 201 11                              | 212-415                  |   |   | CPARKER@AR-GLOBAL.COM        |  |  |
| 6 Number and street (or F   | 2.O. box if mail is not             | t delivered to           | street address) of contact                      | 7 City, town, or post office, st        | ate, and ZIP code of contact |  |  |
| 650 FIFTH AVENUE,           | 30TH FLOOR                          |                          |   | NEW YORK, NY 100                        | 19                           |  |  |
| 8 Date of action            |                                     | 1                        | sification and description<br>IBUTIONS TO PREF  | ERRED B SHAREHOLDERS                    |                              |  |  |
| VARIOUS                     | 1                                   |                          |   |   |                              |  |  |
| 10 CUSIP number             | 11 Serial number                    | (s)                      | 12 Ticker symbol                                | 13 Account number(s)                    | 13 Account number(s)         |  |  |
| <b>42226B</b> 303           |                                     |                          |   |   |                              |  |  |
| Part II Organization        | onal Action Atta                    | ch additiona             | I statements if needed. S                       | See back of form for additional qu      | uestions.                    |  |  |
| 14 Describe the organiza    | tional action and, if               | applicable, the          | e date of the action or the d                   | ate against which shareholders' own     | ership is measured for       |  |  |
| the action ► HEALT          | THCARE TRUST                        | , INC. ('                | 'TAXPAYER") MADE                                | CASH DISTRIBUTIONS TO                   | ITS PREFERRED B              |  |  |
| SHAREHOLDERS IN E           | EXCESS OF ITS                       | G CURRENT                | AND ACCUMULATED                                 | EARNINGS AND PROFITS.                   | SEE ATTACHED                 |  |  |
| SCHEDULE FOR ADDI           | TIONAL DETA                         | L.                       |   |   |                              |  |  |
|                             |                                     |                          |   |   |                              |  |  |
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|                             |                                     |                          |   |   |                              |  |  |
| 15 Describe the quantita    | tive effect of the orga             | anizational ac           | tion on the basis of the secu                   | urity in the hands of a U.S. taxpayer a | as an adjustment per         |  |  |
| share or as a percenta      | age of old basis $ ightharpoonup$ T | HE AMOUN                 | T OF THE NONDIVI                                | DEND DISTRIBUTIONS ARE                  | INCLUDED IN                  |  |  |
| THE ATTACHED SCHE           | DULE. THE AN                        | MOUNT OF                 | NONDIVIDEND DIST                                | RIBUTIONS SHOULD REDUC                  | E THE TAX BASIS              |  |  |
| OF EACH PREFERREI           |                                     |                          |   |   |                              |  |  |
|                             | DIMMEL, BOI                         | TOT BEE                  | , and a second                                  |   |                              |  |  |
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|                             |                                     |                          |   |   |                              |  |  |
|                             | -                                   |                          |   | ulation, such as the market values of   |                              |  |  |
| valuation dates ► <u>TH</u> | E TAXPAYER'S                        | EARNING                  | S AND PROFITS WEE                               | RE CALCULATED UNDER IR                  | C. SEC. 312 AND              |  |  |
| THE REGULATIONS 7           | THEREUNDER. A                       | AMOUNTS I                | N EXCESS OF EARN                                | IINGS AND PROFITS REDUC                 | E THE                        |  |  |
| SHAREHOLDER'S TAX           | K BASIS IN IT                       | S SHARES                 | TO THE EXTENT O                                 | F THE BASIS.                            |                              |  |  |
|                             |                                     |                          |   |   |                              |  |  |
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| Part         | Ш      | Organizational Action (continued)   | •   |
|--------------|--------|---|---|
|              |        |   |   |
|              |        | e applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based   | ·   |
| IRC          | SEC.   | . 301(c)(2)   |   |
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| 18 (         | Can ar | ny resulting loss be recognized? ► NO   |   |
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|              |        | le any other information necessary to implement the adjustment, such as the reportable tax year   |   |
| THE          | REPC   | ORTABLE TAX YEAR IS 2022.   |   |
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|              |        | der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements,  |   |
| ٥.           | Delle  | ef, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepared to the correct, and complete. | arer has any knowledge.                         |
| Sign<br>Here |        | 12/1/2016 DO 1200   | \/2022  |
| пете         | Sign   | nature ► \( \frac{\partial \text{off} \( \partial \text{off} \text{Date} \) \( \partial \text{Date} \) \( \partial \text{Date} \)                               | 0/2023  |
|              |        | A COCOME TARRESTED  |   |
|              | _      | nt your name ► SCOTT LAPPETITO  Print/Type preparer's name  Preparer's signature  Date  | Charle D # PTIN                                 |
| Paid         |        | TDDIE DOGENAN (20/20/20/20/20/20/20/20/20/20/20/20/20/2   | Check if PIIN PO 1742238                        |
| Prep         |        | The way   |   |
| Use          | Only   | Firm's name ► DELOITTE TAX LLP  Firm's address ► 191 PEACHTREE STREET NE, STE 2000, ATLANTA, GA 30303   | Firm's EIN ► 86-1065772  Phone no. 404-220-1500 |
| Send F       | orm 8  | 3937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogo  |   |

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

## **SUPPLEMENTAL INFORMATION FOR FORMS 1099**

| PREFERRED STOCK |              |    |                           |                             |           |  |  |  |  |
|-----------------|--------------|----|---------------------------|-----------------------------|-----------|--|--|--|--|
| CUSIP           | Payment Date |    | Per Share<br>Distribution | Nondividend<br>Distribution |           |  |  |  |  |
| 42226B303       | 1/18/2022    | \$ | 0.4205700                 | \$                          | 0.4205700 |  |  |  |  |
| 42226B303       | 4/18/2022    | \$ | 0.4453125                 | \$                          | 0.4453125 |  |  |  |  |
| 42226B303       | 7/15/2022    | \$ | 0.4453125                 | \$                          | 0.4453125 |  |  |  |  |
| 42226B303       | 10/17/2022   | \$ | 0.4453125                 | \$                          | 0.4453125 |  |  |  |  |
|                 |              | _  | 1.7565075                 |                             | 1.7565075 |  |  |  |  |
|                 |              | _  | 100%                      |                             | 100%      |  |  |  |  |