(December 2011) Department of the Treasury

Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

OMB No. 1545-2224

Internal Revenue Service Part I Reporting Issuer 2 Issuer's employer identification number (EIN) Issuer's name HEALTH CARE REIT, INC 34-1096634 3 Name of contact for additional information Telephone No. of contact 5 Email address of contact MICHAEL A. GARST 419-247-2800 MGARST@HCREIT.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 TOLEDO, OH 43615 4500 DORR STREET 8 Date of action 9 Classification and description **SEE BELOW** COMMON STOCK DIVIDENDS 10 CUSIP number 11 Serial number(s) 12 Ticker symbol 13 Account number(s) HCN Organizational Action Attach additional statements if needed. See back of form for additional questions. Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ► QUARTERLY CASH DISTRIBUTIONS TO COMMON SHAREHOLDERS DURING 2014. 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 REDUCED THE BASIS OF THE SECURITIES IN THE HANDS OF THE US TAXPAYER(S) AS FOLLOWS: **PAYMENT DATE RETURN OF CAPITAL** 02/20/2014 \$.209200 05/20/2014 \$.209200 08/20/2014 \$.209200 11/20/2014 \$.209200 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 ► HEALTH CARE REIT, INC.'S EARNINGS AND PROFITS WERE CALCULATED UNDER IRC SECTION 312 (AS MODIFIED BY SECTION 857(d) FOR REAL ESTATE INVESTMENT TRUSTS). DISTRIBUTIONS TO COMMON SHAREHOLDERS IN EXCESS OF EARNINGS AND PROFITS REDUCE EACH SHAREHOLDER'S TAX BASIS IN ITS SHARES

Part		Organizational Action (continue	ed)			
17 Li	st the	applicable Internal Revenue Code sect	ion(s) and subsection(s) upon v	which the tax treatment	is based ▶	
IRC SE			(,,)			
IRS SE						
18 C	an any	v resulting loss be recognized? ► N/A				
19 Pr	rovide	any other information necessary to imp	olement the adjustment, such a	s the reportable tax yea	ar ► HEALTH CARE REIT, INC., A	
		E INVESTMENT TRUST, DECLARED				
		FISCAL YEAR COMMENCING JANUA				
			,			
	Linde	r penalties of perium. I declare that I have e	vamined this return including according	omnanying schedules and	statements, and to the best of my knowledge	anı
		, it is true, correct, and complete. Declaration				CI IV
Sign						
Here	Signo	ture▶ / s / Michael A. Garst		Data N	1/13/2015	
	Signa	tture -		Date ▶		
	Print :	your name ► MICHAEL A. GARST		Title ►	VP - TAX	
	1 11111	Print/Type preparer's name	Preparer's signature	Date	- PTIN	
Paid		No. 1. Shares a second			Check if if self-employed	
Prepa		Firm's name				
Use C	Inly	Firm's name			Firm's EIN ►	
Send Fo	orm 20	Firm's address ► 37 (including accompanying statement	rs) to: Department of the Troop	iny Internal Revenue 9	Phone no.	
Jonard		or morading accompanying statement	, Doparamont of the meas	,,	5 5, 5 gasii, 6 i 6 726 i 6667	