## Form **8937**

(December 2017)
Department of the Treasury
Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Pairt Reporting	ng Issuer			
1 Issuer's name				2 Issuer's employer identification number (EIN)
719 Seventh TIC	2 Owner LLC	46-5381290		
3 Name of contact for	additional information	4 Telephone No.	of contact	5 Email address of contact
GARY CUTSON		2	12-765-0043	support@a5reit.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
A5 REIT Services LLC,	45 Rockefeller Plaza,	Suite 2000		New York, NY 10111
8 Date of action	70.	9 Classificat	ion and description	
6/30/2023 and 12/29/	2023	Preferred Sha	res	
10 CUSIP number	11 Serial number	s) 12	Ticker symbol	13 Account number(s)
Part II Organiz	ational Action Atta	ch additional stat	ements if needed. S	See back of form for additional questions.
				ate against which shareholders' ownership is measured for
the action ► The	Issuer made distributi	ons in excess of i	ts current and accum	nulated earnings and profits as follows:
\$60.00/share on 6/30	/2023 and \$60.00/sha	re on 12/29/2023		
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share or as a perc	entage of old basis			urity in the hands of a U.S. taxpayer as an adjustment per
listed in Box 14 above.				
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valuation dates ▶	The distribution was m	ade in cash. The	taxpayer's earnings	ulation, such as the market values of securities and the and profits were determined under IRC Section
312, as modified by IR	C Section 857(d) for a r	eal estate investm	ent trust.	
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Can ar	ny resulting loss be recognized? ► No	)				
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	e any other information necessary to in			<del>-</del>		
	e any other information necessary to in djustment is effective on the paymen			ear >		
				=ar ▶		
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asis ac	djustment is effective on the paymen	nt date identified in Box 14 abo	ove.			
Unda belie	er penalties of perjury, I declare that I have ef, it is true, correct, and complete. Declaration	nt date identified in Box 14 abo	ove.			
Undo belief	ler penalties of perjury, I declare that I have fi, it is true, correct, and complete. Declaration /s/ Gary A. Cutson for	examined this return, including according of preparer (other than officer) is the	ompanying schedules and passed on all information o	d statement f which prep	s, and to the best of parer has any knowled	
Undo belie	er penalties of perjury, I declare that I have ef, it is true, correct, and complete. Declaration	examined this return, including according of preparer (other than officer) is the	ompanying schedules and passed on all information o	d statement f which prep		
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Undobelie Sign Print	djustment is effective on the payment is payment in the payment is effective on the payment is effective or ef	examined this return, including acconn of preparer (other than officer) is the C	ompanying schedules and pased on all information of the Date	d statement f which prep Januar Agent	s, and to the best of parer has any knowled by 30, 2024  Check ☐ if self-employed Firm's EIN ▶ Phone no.	my knowled