Form 937 (December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

OMB No. 1545-0123

| Part I Reporting Issuer | | |
|--|---|--|
| 1 Issuer's name | | 2 Issuer's employer identification number (EIN) |
| AIC Income Fund QP REIT, Inc. | | 46-4065853 |
| 3 Name of contact for additional information | 4 Telephone No. of contact | 5 Email address of contact |
| | | |
| Todd Frerichs | (512) 476-5009 | toddfrerichs@aicindustrial.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 |
| 2600 Via Fortuna, Suite 260 | | Austin, TX 78746 |
| 8 Date of action | 9 Classification and description | |
| Catalana and agen | AL | |
| October 2nd, 2023 10 CUSIP number | Nondividend Distribution | 13 Account number(s) |
| 10 Cook Hambor | oy Toron symbol | Account Humber(3) |
| | | |
| | | e back of form for additional questions. |
| | | e against which shareholders' ownership is measured for |
| | | distributions to its Series B and Common Shareholders |
| and estimates that 100.00% of the cash distrib | oution is a nondividend distribution affect | cting the shareholders' basis in the issuer's security. |
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| share or as a percentage of old basis $ ightharpoonup$ | ne amount of the October 2nd, 2023 cash | ty in the hands of a U.S. taxpayer as an adjustment per n nondividend distributions will be reported to |
| each US shareholder on 2023 Forms 1099-DIV | , Box 3 and will reduce the shareholder | s basis in the issuer's security. |
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| | | tion, such as the market values of securities and the the shareholders' basis in the issuer's security. |
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| Pair | | Organizational Action (continue | e <i>d</i>) | | 1 CGC b |
|---|---|--|--|---|--|
| 17 | List th | e applicable Internal Revenue Code sect | ion(s) and subsection(s) upon which the | tax treatment is based ▶ | Sections 301(c) and 317(a) |
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| | | ny resulting loss be recognized? ► Not 2nd, 2023 nondividend distributions. | applicable. No tax loss is recognized b | oy shareholders as a res | ult of receiving |
| 110 0 | Ctobei | Ziid, Zozo Hondividena disambations. | | | |
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| 19 F | Provide | any other information necessary to imp | lement the adjustment, such as the repo | rtable tax year ▶ <u>Not ap</u> r | olicable. |
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| | Unde belief | r penalties of perjury, I declare that I have ex , it is true, correct, and complete. Declaration | amined this return, including accompanying s of preparer (other than officer) is based on all | schedules and statements, a information of which prepare | nd to the best of my knowledge and r has any knowledge. |
| Sign Here | Signa | W. And I | n | Date ▶/0/ | 19/23 |
| | | | | 7 | 7 |
| P* _ 2 - 1 | Print | your name ► TODD FRERICHS Print/Type preparer's name | Preparer's signature | Title ▶ DIRECTOR | heat T if PTIN |
| Paid Prepa | arer | · · · · · · · · · · · · · · · · · · · | , | | check if FINA elf-employed |
| Use (| | Firm's name ▶ | | | irm's EIN ▶ |
| | - | Firm's address ▶ | | | hone no. |
| send Fo | orm 89 | 37 (including accompanying statements | ו נס: Department of the Treasury, Interna | ıı Revenue Service, Ogdei | n, UT 84201-0054 |

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

| Par | Reporting | Issuer | | |
|--------------|------------------------------|-------------------------|--|---|
| 1 ls: | suer's name | | | 2 Issuer's employer identification number (EIN) |
| AIC In | come Fund QP REI | T. Inc. | | 46-4065853 |
| | ame of contact for ac | | 4 Telephone No. of contact | 5 Email address of contact |
| | ١ | | | |
| | Frerichs | | (512) 476-5009 | toddfrerichs@aicindustrial.com |
| 6 Nu | umber 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 |
| | | | | |
| | /ia Fortuna, Suite 26 | 60 | | Austin, TX 78746 |
| 8 Da | ate of action | • | Classification and description | |
| 0-4-6 | 001 0000 | | | St. 11 . 12 |
| | er 23rd, 2023 JSIP number | 11 Serial number(| Cash Capital Gain and Nondividend Discourse Cash Capital Gain and Disc | 13 Account number(s) |
| | JOH MANIBOI | TT Containmont | 12 Hotel Symbol | 10 Account number(s) |
| | | | | |
| Part | I Organizati | onal Action Attac | ch additional statements if needed. See | back of form for additional questions. |
| 14 [| | | | against which shareholders' ownership is measured for |
| | | | issuer corporation made cash capital gai | |
| | | | | is a nondividend distribution affecting the |
| | nolders' basis in the | | | |
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| | | | | in the hands of a U.S. taxpayer as an adjustment per nondividend distributions will be reported to |
| each U | S shareholder on 2 | 023 Forms 1099-DIV | , Box 3 and will reduce the shareholder's | basis in the issuer's security. |
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| Pa | rt II | Orga | anizational Action (c | continued) | to the terror of the north and an area of the terror of th | TOTAL CONTROL OF THE SECOND SE | |
|---------------------------|-------|------------------|----------------------------------|----------------------------------|--|--|------------------------------------|
| 17 | | | | ode section(s) and subsect | ion(s) upon which the tax | treatment is based ▶ | Sections 301(c) and 317(a) |
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| 18 | | | | Not applicable. No tax | loss is recognized by | shareholders as a res | ult of receiving |
| the | Octol | ber 23rd, | 2023 nondividend distrib | butions. | | | |
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| 19 | Prov | ride any of | her information necessary: | y to implement the adjustn | nent, such as the reporta | ble tax year ► <u>Not ap</u>r | olicable. |
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| | Ur | nder penalt | ies of perjury, I declare that I | I have examined this return, in | ncluding accompanying sch | edules and statements, a | nd to the best of my knowledge and |
| C: | - 1 | eller, it is tru | e, correct, and complete. Dec | claration of preparer (other tha | an officer) is based on all info | ormation of which prepare | r has any knowledge. |
| Sign Here Signature Woodd | | | | * | | 11/1 | 172 |
| Here | Si | gnature ► _ | 00 300 54 | | | Date ► | 123 |
| | Pr | int your na | me ► TODD FRERICHS | | | Title ▶ DIRECTOR | |
| Paid | | | ype preparer's name | Preparer's signat | ure | Date | Check if PTIN |
| Pre | | er | | | | | elf-employed |
| Use | | | name ► | | | F | irm's EIN ▶ |
| | | Firm's | address ▶ | | | | hone no. |
| Send | Form | 8937 (inc | luding accompanying stat | tements) to: Department o | f the Treasury, Internal R | evenue Service, Ogder | n, UT 84201-0054 |