## 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

Reporting Issuer Part I 2 Issuer's employer identification number (EIN) Issuer's name American Strategic Investment Co. (f/k/a New York City REIT, Inc.) 46-4380248 3 Name of contact for additional information 4 Telephone No. of contact 5 Email address of contact Michael Anderson (212) 415-6507 MAnderson@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 January [23], 2023 Subscription of Rights to Purchase Class A Common Stock 10 CUSIP number 11 Serial number(s) 12 Ticker symbol 13 Account number(s) NYC 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 ► See attachment. 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 ► See attachment. 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 ► See attachment.

Pa	rt II	Organizational Action (continu	ed)			
17	List th	ne applicable Internal Revenue Code sec	tion(s) and subsection(s) upon w	hich the tax treatment is bas	sed ► <u>See attachment.</u>	
18	Can a	any resulting loss be recognized?► See	attachment			
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19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ► <u>See attachment</u> .						
	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	ո 📗					
Her	e sic	Signature ► My JMM		Date▶ 01/	Date► 01/30/2023	
		mature V			00/2020	
	Pri	nt your name ► Christopher Masterson	Drop grows i		Financial Officer and Treasurer	
Pai	d	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN	
	pare				self-employed	
	• Onl	Y Firm's name ►			Firm's EIN ▶	
		Firm's address ►			Phone no.	
Send	l Form	8937 (including accompanying statemen	ts) to: Department of the Treasu	ry, Internal Revenue Service,	, Ugden, UI 84201-0054	