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

Part Reporting Issuer			
1 Issuer's name		2 Issuer's employer identification number (EIN)	
Pacific Oak SOR Tule Springs Owner TRS, LL	c	81-2895111	
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact	
Kristin Almendarez	949-630-0849	kalmendarez@pac-oak.com	
6 Number and street (or P.O. box if mail is not		7 City, town, or post office, state, and ZIP code of contact	
(only, town, or post-office, date, and all odds of contact	
3200 Park Center Drive, Suite 800		Costa Mesa, CA 92626	
8 Date of action	9 Classification and description		
June 1, 2021	Class C Preferred Shares		
10 CUSIP number 11 Serial number(s) 12 Ticker symbol	13 Account number(s)	
Part II Organizational Action Attac	th additional statements if needed. See	e back of form for additional questions.	
		against which shareholders' ownership is measured for	
	earnings and profits were made on the fo		
DISBIDUCIONS IN EXCESS OF	earnings and prones were made on the to	moving date. Julie 1, 2021	
	<u>-</u>	·	
		W/-2	
	77.72	WARRIED TO THE PARTY OF THE PAR	
CONTRACTS			
15 Describe the quantitative effect of the orga share or as a percentage of old basis ▶	nizational action on the basis of the securit	y in the hands of a U.S. taxpayer as an adjustment per	
June 1, 2021: Distribution per share per day \$	0.020445; Return of Capital per share per	day \$0.020445	
*			
-			
	35.4		
		·	
		tion, such as the market values of securities and the	
valuation dates ► <u>Distributions in excess</u>	of earnings and profits are applied again	nst and reduce the adjusted basis of stock.	
-			
	724.70		

Par	t II	Organizational Action (continued)			
17	List the	applicable Internal Revenue Code section(s) and subsection	(s) upon which the tax treatment is b	sed▶ <u>Section</u>	301
			'- -		
			·		
					
		.			
					<u>.</u>
			· · · ·		·.
				<u>. </u>	 -
				·	
					·_
18	Can any	resulting loss be recognized? ► Not applicable			
				·-	
		<u></u>	· /·		
					·
					
			-	·.	
			···		
					
			φ		
					
		-			<u></u>
19	Provide	any other information necessary to implement the adjustmer	t, such as the reportable tax year	lot applicable	
				<u></u>	
					
			·		
			.		·
				<u>.</u> .	
					.
					<u> </u>
.	Linde	penalties of perjury, I declare that I have examined this return, inclu-	diag companying sales dutes and abba		<u> </u>
	belief,	it is true, correct, and complete. Declaration of preparer (other than o	officer) is based on all information of which	preparer has any kno	it of my knowledge and wiedge.
Sign		1/ 1. 010 1		1 1	
Here	Signa	uro Almendarez	Date▶	28/22	
		0	2010		
		our name ► Kristin Almendarez		orate Controller	I
Paid		Print/Type preparer's name Preparer's signature	Date	Check if	PTIN
Prep	arer	Finalescence		self-employed	L
Use	Only	Firm's name		Firm's EIN ▶	
Send F	orm 89	Firm's address 7 (including accompanying statements) to: Department of the	ne Treasury, Internal Revenue Service	Phone no.	-0054