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)
LMV East Village I F	REIT-DC, LP	81-2880800		
3 Name of contact for ac	Iditional information	5 Email address of contact		
GARY CUTSON		support@a5reit.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		
A5 REIT Services LLC, 45	Rockefeller Plaza,	New York, NY 10111		
8 Date of action				
6/30/2023		Preferre	d Shares	
10 CUSIP number	11 Serial number		12 Ticker symbol	13 Account number(s)
Part II Organizati	ional Action Atta	ch additiona	statements if needed. S	see back of form for additional questions.
_				ate against which shareholders' ownership is measured for
the action ► The Is: \$60.00/share on 6/30/20		ons in exces	s of its current and accum	ulated earnings and profits as follows:
\$60.00/Share on 6/30/20	123			
-				
3				
				
				rity in the hands of a U.S. taxpayer as an adjustment per
listed in Box 14 above.				
				
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	•			ulation, such as the market values of securities and the and profits were determined under IRC Section
312 as modified by IRC S	Section 857(d) for a r	eal estate inv	vestment trust.	
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19 P	rovide	any other information necessary to	implement the adjustment, such	as the reportable t	ax ye	ar ▶		
The ba	sis ad	ustment is effective on the payme	ent date identified in Box 14 ab	ove.				
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-								
Sign Here	belief	r penalties of perjury, I declare that I hav it is true, correct, and complete. Declara /s/ Gary A. Cutson for ture LMV East Village I REIT-DO	ition of preparer (other than officer) is	s based on all informa	tion of	which prep	s, and to the bes arer has any kno y 30, 2024	t of my knowledge and wledge.
	Print	your name ► Gary A. Cutson	Tit	tle ►	Agent			
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date		Check if self-employed	PTIN
Use (Firm's name ▶					Firm's EIN ▶	
		Firm's address ▶	Phone no.					
Send Fo	orm 89	37 (including accompanying statement	ents) to: Department of the Trea	sury, Internal Reve	nue S	ervice, Og	den, UT 84201	-0054