D. Care		in a Annual and	
- 3ee	separate	instructions	5.

Part Reporting	Issuer				
1 Issuer's name			2 Issuer's employer i	dentification number (EIN)	
LMV Glisan REIT, LP			81-4852149	81-4852149	
3 Name of contact for ad	ditional information 4 Te	lephone No. of contact	5 Email address of con	tact	
GARY CUTSON 212-765-0043			support@a5reit.com		
6 Number and street (or P.O. box if mail is not delivered to street address) of contact				e, state, and ZIP code of contact	
A5 REIT Services LI C: 45	Rockefeller Plaza, Suite 20	000	New York, NY 10111		
8 Date of action		Classification and description			
6/30/2023					
10 CUSIP number	11 Serial number(s)	eferred Shares 12 Ticker symbol	13 Account number(s)		
Part II Organizati	onal Action Attach add	itional statements if needer	d. See back of form for additiona	l questions	
			e date against which shareholders' o		
-			cumulated earnings and profits as	-	
\$60.00/share on 6/30/20		excess of its current and acc	and acceleanings and proms as		
15 Describe the quantita	tive effect of the organizatio	nal action on the basis of the s	ecurity in the hands of a U.S. taxpay	er as an adjustment per	
			basis of the security, to the extent		
	Ine exce	ess distribution reduces the	basis of the security, to the extent	thereof, in the amount	
listed in Box 14 above.					
· · · · · · · · · · · · · · · · · · ·					
	-		alculation, such as the market values		
valuation dates <a>Th	e distribution was made in	cash. The taxpayer's earnin	gs and profits were determined un	der IRC Section	
	ection 857(d) for a real est				
For Paperwork Reduction	Act Notice, see the separa	ate Instructions	Cat. No. 37752P	Form 8937 (12-2017)	
			0000 000 00 00 00 00 00 00 00 00 00 00		

orm 8	937 (12-	-2017)				Page 2
Part	t II	Organizational Action (conti	nued)			
7	l ist the	e applicable Internal Revenue Code s	section(s) and subsection(s) up	on which the tax treatment	is based	
		uced under IRC Section 301(c)(2).				3).
				1		
	a sector de la contracta de la					
				1		
_	_					
3 (Can an	ny resulting loss be recognized? ► N	10			
	2					
9 F	Provide	e any other information necessary to	implement the adjustment, suc	h as the reportable tax ye	ar 🕨	
he ba	asis ad	ljustment is effective on the payme	ent date identified in Box 14 a	bove.		
- for when						
	Unde	er penalties of perjury, I declare that I hav	e examined this return, including a	ccompanying schedules and	statements, and to the best of	my knowledge and
	Unde	f, it is true, correct, and complete. Declara	e examined this return, including a tion of preparer (other than officer)	ccompanying schedules and is based on all information of	statements, and to the best of which preparer has any knowled	my knowledge and ige.
	belief	f, it is true, correct, and complete. Declara /s/ Gary A. Cutson for	e examined this return, including a tion of preparer (other than officer)	ccompanying schedules and is based on all information of	which preparer has any knowled	my knowledge and Ige.
	belief	f, it is true, correct, and complete. Declara	e examined this return, including a tition of preparer (other than officer)	iccompanying schedules and is based on all information of Date ►	statements, and to the best of which preparer has any knowled January 30, 2024	my knowledge and lge.
	Signa	f, it is true, correct, and complete. Declara /s/ Gary A. Cutson for ature ► LMV Glisan REIT, LP	re examined this return, including a tion of preparer (other than officer)	is based on all information of	which preparer has any knowled	my knowledge and ige.
ere	Signa	f, it is true, correct, and complete. Declara /s/ Gary A. Cutson for	ve examined this return, including a ation of preparer (other than officer) Preparer's signature	is based on all information of	Agent	lge.
ere	Signa	f, it is true, correct, and complete. Declara /s/ Gary A. Cutson for ature ► LMV Glisan REIT, LP γour name ► Gary A. Cutson	tion of preparer (other than officer)	is based on all information of Date >	which preparer has any knowled January 30, 2024 Agent	łge.
ere aid rep	Signa Print	f, it is true, correct, and complete. Declara /s/ Gary A. Cutson for ature ► LMV Glisan REIT, LP your name ► Gary A. Cutson Print/Type preparer's name	tion of preparer (other than officer)	is based on all information of Date >	which preparer has any knowled January 30, 2024 Agent Check if PT	łge.
Jse	Signa Print arer Only	f, it is true, correct, and complete. Declara /s/ Gary A. Cutson for ature ► LMV Glisan REIT, LP your name ► Gary A. Cutson Print/Type preparer's name	tion of preparer (other than officer)	is based on all information of Date ► Title ► Date	Agent Check ☐ if self-employed Phone no.	ige.