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

Pairt Reporting Is	ssuer				
1 Issuer's name				2 Issuer's employer identification number (EIN)	
LMV II Triangle Squar	re REIT, LP	84-3354408			
3 Name of contact for addi	tional information	4 Telephone No. of contact		5 Email address of contact	
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				7 City, town, or post office, state, and ZIP code of contact	
AS DEIT Own by a LLO AS D	and to the or Plane	D. H 0000		No. Work NW 40444	
8 Date of action	OCKETEIIEF Plaza,	New York, NY 10111			
6/30/2023					
10 CUSIP number	11 Serial number		d Shares 12 Ticker symbol	13 Account number(s)	
To oboil humber	TT Condition	.5)	TE Honor Symbol	To year named by	
Part II Organizatio	nal Action Atta	ch additiona	I statements if needed. S	ee back of form for additional questions.	
_				ate against which shareholders' ownership is measured for	
the action ► The Issu \$60.00/share on 6/30/2023		ons in exces	s of its current and accum	ulated earnings and profits as follows:	
\$60.00/\$flare on 6/30/202	3				
×					
				rrity in the hands of a U.S. taxpayer as an adjustment per is of the security, to the extent thereof, in the amount	
,					
=					
	-		• •	ulation, such as the market values of securities and the and profits were determined under IRC Section	
312, as modified by IRC Sec	ction 857(d) for a r	eal estate inv	vestment trust.		
W					

Part	Ш	Organizational Action (continu	uea)		
17 L	ist the	applicable Internal Revenue Code sec	ction(s) and subsection(s) upon v	which the tax treatment is based	1>
		ced under IRC Section 301(c)(2). A			

18 C	an anv	resulting loss be recognized? ► No			
	arr arry	100diting 1000 be 1000ginzed:			

19 Pr	rovide	any other information necessary to in	nolement the adjustment, such a	s the reportable tax year	
		ustment is effective on the paymen			
Sign	belief,	r penalties of perjury, I declare that I have it is true, correct, and complete. Declaration /s/ Gary A. Cutson for	on of preparer (other than officer) is b	mpanying schedules and statement ased on all information of which pre	rs, and to the best of my knowledge and parer has any knowledge.
Here	Signa	ture ► LMV II Triangle Square REIT	, LP	Date ► Januar	ry 30, 2024
	Print y	your name ► Gary A. Cutson		Title ► Agent	
Paid Prepa		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN self-employed
Prepa Use C)nlv	Firm's name			Firm's EIN ▶
	riily	Firm's address ▶			Phone no.
Send Fo	rm 89	37 (including accompanying statemer	its) to: Department of the Treasu	ry, Internal Revenue Service, Og	