



**Part II** Organizational Action (continued)

**17** List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ THE NONDIVIDEND DISTRIBUTIONS ARE DETERMINED PURSUANT TO IRC SECTION 301 (c).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**18** Can any resulting loss be recognized? ▶ NO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**19** Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ THE REPORTING TAX YEAR IS 2017.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Here**  
Signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

<b>Paid Preparer Use Only</b>	Print your name ▶ DONNA BRANDIN		Title ▶ CFO	
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	KENNETH WEISSENBERG			PTIN
	Firm's name ▶ EISNERAMPER LLP			P00738677
Firm's address ▶ 750 THIRD AVENUE, NEW YORK, NY 10017-2703			Firm's EIN ▶ 13-1639826	Phone no. 212-949-8700

Lightstone Value Plus Real Estate Investment Trust II, Inc.  
83-0511223  
Year Ended December 31, 2017

Supplement Attachment to Form 8937

	<b>Record Date</b>	<b>Payable Date</b>	<b>Per Share Distribution</b>	<b>Nondividend Distributions</b>
				<b>27.8126%</b>
	Daily	1/16/2017	0.175000000	0.048672050
	Daily	4/17/2017	0.175000000	0.048672050
	Daily	7/17/2017	0.175000000	0.048672050
	Daily	10/16/2017	0.175000000	0.048672050
Total			0.700000000	0.194688200