

Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

Part I Reporting Issuer

1 Issuer's name KBS SOR Tule Springs Owner TRS, LLC			2 Issuer's employer identification number (EIN) 81-2895111		
3 Name of contact for additional information Kristin Almendarez		4 Telephone No. of contact 949-630-0849		5 Email address of contact kalmendarez@pac-oak.com	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact 3200 Park Center Drive, Suite 600			7 City, town, or post office, state, and ZIP code of contact Costa Mesa, CA 92626		
8 Date of action June 1, 2020			9 Classification and description Class B Preferred Shares		
10 CUSIP number	11 Serial number(s)		12 Ticker symbol		13 Account number(s)

Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ **Distributions in excess of earnings and profits were made on the following date: June 1, 2020**

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶ **June 1, 2020: Distribution per share per day \$0.273973; Return of Capital per share per day \$0.273973**

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ **Distributions in excess of earnings and profits are applied against and reduce the adjusted basis of stock.**

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ **Section 301**

Horizontal lines for listing applicable Internal Revenue Code sections and subsections.

18 Can any resulting loss be recognized? ▶ **Not applicable**


Horizontal lines for providing information regarding resulting loss recognition.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ **Not applicable**

Horizontal lines for providing other information necessary to implement the adjustment.

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 ▶ 3/4/21

Print your name ▶ **Michael Bender** Title ▶ **CFO**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			