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 I Reporting Issuer		
1 Issuer's name	2 Issuer's employer identification number (EIN)	
KBS Real Estate Investment Trust III, Inc.	27-1627696	
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact
		SAMA
Stacie Yamane	949-417-6500	syamane@kbs.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
200 Navement Conton Delive Ste 700		Newport Beach, CA 92660
8 Date of action	9 Classification and description	Memport Beach, OA 32000
o bate of death.		
various see 14. below	Common Stock	
10 CUSIP number 11 Serial number(s) 12 Ticker symbol	13 Account number(s)
48668L105	L - dditi l statements if wooded Co	a back of form for additional augstions
		e back of form for additional questions. e against which shareholders' ownership is measured for
January 3, 2023 (record date December 20, 20	earnings and profits were made on the fo	
March 1, 2023 (record date February 20, 2023)		
May 1, 2023 (record date April 20, 2023); June		
may 1, 2023 (record date ripin 20, 2020), Sand	17 2020 (300012 0000 100)	
45 Describe the guartitative effect of the organi	pizational action on the basis of the securit	ty in the hands of a U.S. taxpayer as an adjustment per
		.049833; Return of Capital per share \$0.049833;
February 1, 2023: Distribution per share \$0.03		
March 1, 2023: Distribution per share \$0.0383		
April 3, 2023: Distribution per share \$0.03833		
May 1, 2023: Distribution per share \$0.038333		
June 1, 2023: Distribution per share \$0.03833		
and July 3, 2023: Distribution per share \$0.03		
		tion, such as the market values of securities and the
valuation dates Distributions in excess	of earnings and profits are applied agai	nst and reduce the adjusted basis of stock.
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Part	C	rganizational Action (continue	∌a)		
		applicable Internal Revenue Code sect	ion(s) and subsection(s) upon which	the tax treatment is ba	sed ► <u>Section 301</u>
18	an any	resulting loss be recognized? ► Not	applicable		
-					
_					
19 F	rovide	any other information necessary to im	plement the adjustment, such as the	e reportable tax year	Not applicable
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_					
_	1,1,4,	time of positions I declare that I have	evamined this return, including accompa	nving schedules and state	ements, and to the best of my knowledge an
	belief	r penaities of perjury, I declare that I have , it is true, correct, and complete. Declaration	on of preparer (other than officer) is based	on all information of which	h preparer has any knowledge.
Sign					
Here	0:			Date ▶	1/16 12024
	olgria	ture >			
	Print	your name ► Stacie K Yamane		Title ► Chi	ef Accounting Officer
<u> </u>		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Paid					self-employed
Prep		Firm's name		"	Firm's EIN ▶
Use	Only	Firm's address			Phone no.
Cond I	Form 90	37 (including accompanying statement	ats) to: Department of the Treasury.	Internal Revenue Servic	ce, Ogden, UT 84201-0054