► See separate instructions.

Fart neporting	33UCI						
1 Issuer's name				2 Issuer's employer identification number (EIN)			
Griffin Capital Essential As	sset RFIT II. Inc			46-4654479			
3 Name of contact for add		4 Telephone No. of contac	ot	5 Email address of contact			
Joseph Miller		310-469-61		JMILLER@GRIFFINCAPITAL.COM			
6 Number and street (or P	P.O. box if mail is not o	of contact	7 City, town, or post office, state, and Zip code of contact				
1500 Course I Average				El Camunda, OA 00245			
1520 Grand Avenue 8 Date of action		9 Classification and de	escription	El Segundo, CA 90245			
Various - See below #14		Stock - Common					
10 CUSIP number	11 Serial number(s	12 Ticker sy	/mbol	13 Account number(s)			
N/A		N/A					
				ack of form for additional questions.			
-			-	ainst which shareholders' ownership is measured for			
				E ON THE FOLLOWING DATES:			
				; JUNE 15, 2015; JULY 15, 2015; AUGUST 15, 2015;			
SEPTEMBER 15, 2015; OC	TOBER 15, 2015; NC	VEMBER 15, 2015; DECE	MBER 15, 2015.				
<b>15</b> Describe the quantitat	ive offect of the organ	izational action on the basi	is of the ecourity in	the hands of a U.S. taxpayer as an adjustment per			
				6712; RETURN OF CAPITAL PER SHARE \$0.028704			
02/15/2015: DISTRIBUTION							
03/15/2015: DISTRIBUTION							
04/15/2015: DISTRIBUTION							
05/15/2015: DISTRIBUTION							
06/15/2015: DISTRIBUTION							
07/15/2015: DISTRIBUTION							
08/15/2015: DISTRIBUTION							
09/15/2015: DISTRIBUTION							
10/15/2015: DISTRIBUTION	PER SHARE \$0.04	5712; RETURN OF CAPITA	AL PER SHARE \$(	0.028704			
11/15/2015: DISTRIBUTION	PER SHARE \$0.04	5205; RETURN OF CAPITA	AL PER SHARE \$(	0.027778			
12/15/2015: DISTRIBUTION	IPER SHARE \$0.046	712; RETURN OF CAPITA	AL PER SHARE \$0	0.028704			
16 Describe the calculation	on of the change in ba	isis and the data that suppo	orts the calculation,	, such as the market values of securities and the			
valuation dates DIS	TRIBUTION IN EXCE	SS OF EARNINGS AND P	ROFITS ARE APPI	LIED AGAINST AND REDUCE THE ADJUSTED			
BASIS OF STOCK.							

		. 12-2011)						Page <b>2</b>
Part		Organizational Action (continued	)					
17 L	_ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax tre	atment is I	based <b>&gt;</b>	SECTION	1 301.	
18 (	Can any	resulting loss be recognized? ► N/A						
	-							
<b>19</b> F	Provide	any other information necessary to imple	ment the adjustment, such as the reportable	e tax year ▶	•			
	Unde	r penalties of periury. I declare that I have exa	mined this return, including accompanying schedu	lles and stat	ements. a	and to the best	t of mv know	ledge and
	belief	, it is true, correct, and complete. Declaration of	f preparer (other than officer) is based on all inform	ation of whi	ch prepar	er has any kno	wledge.	lougo una
Sign								
Here	Signa	ture▶ <u>/S/ JOSEPH MILLER</u>	2	Date 🕨 🔼 2	/5/2	016		
	Print	your name► Joseph Miller		Title► CF	0			
Paid		Print/Type preparer's name	Preparer's signature	Date		Check 🗌 if	PTIN	
Prep	arer					self-employed		
Use	Only	Firm's name				Firm's EIN 🕨		

 Firm's address
 Phone no.

 Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054