# Form 8937 (December 2017) Department of the Treasury Internal Revenue Service

# Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

Felia	Reporting	Issuer			
1 Issue	r's name				2 Issuer's employer identification number (EIN)
NAVIOS	WARITIME PART	MEDSID			(EIN)
3 Name	of contact for ac	dditional information	4 Telephor	ne No. of contact	75-3257362
				of the series	5 Email address of contact
ERIFYLI 1	SIRONI			+30-210-4595000	etsironi@navios.com
o Numb	er 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
7 AVENU	E DE GRANDE B	BRETAGNE, OFFICE	4400		
8 Date of	of action	METAGNE, OFFICE		ification and description	MONTE CARLO, MC 98000 MONACO
				and description	
5/12/2022	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T:-	соммо		
10 CUSIF	number	11 Serial number(s	s)	12 Ticker symbol	13 Account number(s)
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Part II	Organizatio	onal Action Attac	h additional	NMM statements if pooded, Co. I	ack of form for additional questions.
14 Desc					
ENTIDELY	CEMBER 31, 20	22. THIS FORM REL	ATES TO TH	E DISTRIBUTIONS MADE ON I	MON UNITHOLDERS DURING THE CALENDAR YEAR MAY 12, 2022. THIS DISTRIBUTION WAS MADE
					MAY 12, 2022. THIS DISTRIBUTION WAS MADE AFFECT THE BASIS OF THE UNITHOLDERS IN THE
<u>JEJORITT</u>	THISTORWIS	PROVIDED ON A PR	OTECTIVE E	SASIS ONLY.	
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15 Descr	ibe the quantitativ	ve effect of the organi	izational actio	n on the basis of the security in	the hands of a U.S. taxpayer as an adjustment per
share	or as a percentaç	ge of old basis ▶ THE	RE IS NO QU	JANTITATIVE EFFECT.	the hands of a 0.5, taxpayer as an adjustment per
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6 Describ	e the calculation	of the change in best	o and the det		
valuatio	on dates ▶ N/A	of the change in basi	s and the data	a that supports the calculation,	such as the market values of securities and the

<b>'</b> ε	rit III	Organiz	ational A	ction (co	ntinued)						***************************************	Р
	List th	e applicable	Internal Re	venue Code	e section(s)	) and subs	ection(s)	upon wh	ich the tax	treatment is	s based ▶	IRC §§ 301(c) and 316(a
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	Provide	any other i	nformation r	ecessary to	implemen	nt the adiu:	stment.	such as th	ne renortal	ole tay year l		and the second s
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Sign Here 8/17/23 Signature ▶ Print your name ► ERIFYLI TSIRONI CHIEF FINANCIAL OFFICER Title ▶ Print/Type preparer's name Preparer's signature B/11/23 Paid Check [] if self-employed Preparer
Use Only

| Simple | Coliz Marks Paneth LLC | Coliz Marks Pane P01073462 Firm's EIN ▶ 87-3707167 Firm's address ► 685 THIRD AVENUE, NEW YORK, NY 10017 Phone no. 212-503-8800 Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054

# Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

See separate instructions.

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Part I Reporting Issuer			
1 Issuer's name		ALL ALL AND	2 Issuer's employer identification number (EIN)
NAMES OF THE PARTY			(EIIV)
NAVIOS MARITIME PARTNERS L.P.  3 Name of contact for additional inf			75-3257362
3 Name of contact for additional inf	formation 4 Teleph	none No. of contact	5 Email address of contact
EDIEW L TOIR ON			
ERIFYLI TSIRONI		+30-210-4595000	etsironi@navios.com
6 Number and street (or P.O. box if	mail is not delivered t	o street address) of contact	7 City, town, or post office, state, and ZIP code of contact
7 AVENUE DE CDANDE DOCTA COM			
7 AVENUE DE GRANDE BRETAGNE 8 Date of action			MONTE CARLO, MC 98000 MONACO
Date of action	9 Cla	assification and description	
8/12/2022			
	al number(s)	ION UNITS	
TI Galla	a number(s)	12 Ticker symbol	13 Account number(s)
Y62267102			
	ion Attach addition	NMM	
14 Describe the organizational action	on and if applicable t	ha data of the	See back of form for additional questions.
the action > THE ISSUED MADE	or out of the second	ne date of the action or the c	date against which shareholders' ownership is measured for
ENDED DECEMBED 31 2022 THIS E	ODM DELATER TO	SH DISTRIBUTIONS TO ITS	COMMON UNITHOLDERS DURING THE CALENDAR YEAR
	DIGINITIZENTED TO	IDE DISTRIBUTIONS MAIN	- ON AUCUST 12 2022 THO BIOTHING
SECURITY. THIS FORM IS PROVIDED	EARIMINGS AND PR	OFITS AND THUS WOULD	NOT AFFECT THE BASIS OF THE UNITHOLDERS IN THE
SECONDEL TRISTONIOS PROVIDE	O ON A PROTECTIVI	E BASIS ONLY.	
15 Describe the quantitative effect of	f the organizational ac	tion on the back of the	with the second
share or as a percentage of old be	asis > Tuede la la	ction on the basis of the secu	rity in the hands of a U.S. taxpayer as an adjustment per
,	THERE IS NO	QUANTITATIVE EFFECT.	
6 Describe the calculation of the cha		Arreston.	
valuation dates ► N/A	inge in basis and the	data that supports the calcul	ation, such as the market values of securities and the
M/A			

Liela		Organizational Action (continu	18a)		
17	List the	e applicable Internal Revenue Code sec	ction(s) and subsection(s) upon which the ta	ax treatment is based	► IRC §§ 301(c) and 316(a).
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18 (	Can an	y resulting loss be recognized? ► NO			
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			plement the adjustment, such as the report		
THE IS	SUER	DETERMINES ITS EARNINGS AND F	PROFITS FOR EACH CALENDAR YEAR.	A UNITHOLDER SHO	OULD RECOGNIZE DIVIDEND
INCOM	EIFT	HEY RECEIVED THIS DISTRIBUTION	. UNIT HOLDERS SHOULD CONSULT TH	HEIR TAX ADVISORS	TO DETERMINE THE
TAX IM	PACT	WITH RESPECT TO THEIR INDIVIDU	AL FACTS AND CIRCUMSTANCES.		
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	Unde	r penalties of perjury, Leclare that I have e	xamined this return, including accompanying sci	hedules and statements,	and to the best of my knowledge and
	bellet	, it is true, correct, and complete. Declaration	of preparer (other than officer) is based on all in	formation of which prepa	arer has any knowledge.
Sign				_	11 / 100
Here	Signa	ture >		_ Date ▶	3/17/23
		- EDIEM - TOTAL			
	Print	your name ► ERIFYLI TSIRONI Print/Type preparer's name	Preparer's signature	Title ➤ CHIEF FIN	VANCIAL OFFICER
Paid		MAY 27 27	- In-		Check if PTIN
repa	irer	JOSEPH GIAMPAPA  Firm's name	THUC	8/11/23	self-employed P01073462
Jse C	nly	Firm's name ► CBIZ MARKS PANE Firm's address ► 685 THIRD AVENUE			Firm's EIN ▶ 87-3707167
Send Fo	rm 89		s) to: Department of the Treasury, Internal I	Revenue Service, Occ	Phone no. 212-503-8800

Page 2

Form 8937 (12-2017)

### Form **8937**

(December 2017)
Department of the Treasury
Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions

Part I	Reporting	Issuer				
1 Issuer					2 loguarie - L. L	
					2 Issuer's employer identification number (E	IN)
NAVIOS M	ARITIME PARTI	NERS L.P.			75 2257222	
3 Name	of contact for ad	ditional information	4 Telephor	ne No. of contact	75-3257362 5 Email address of contact	
6 Number	SIRONI	20 havit	<u> </u>	+30-210-4595000	etsironi@navios.com	
o ivanibe	and street for F	2.0. box if mail is not	delivered to	street address) of contact	7 City, town, or post office, state, and ZIP code of cor	ntac
7 AVENUE	DE GRANDE BI	RETAGNE, OFFICE	1100			
8 Date of	action	KLIAGNE, OFFICE		sification and description	MONTE CARLO, MC 98000 MONACO	
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11/10/2022			соммо	VIINITS		
10 CUSIP	number	11 Serial number(s	s)	12 Ticker symbol	13 Account number(s)	
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	2267102			NMM		
Part II	Organizatio	onal Action Attac	h additional	statements if needed. See b	ack of form for additional questions.	
14 Descr	ino trio organizat	dona action and, if at	opiicable, the	date of the action or the date of	roinet which characters to	_
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Form 8937 (12-2017)

#### Form 8937 (December 2017) Department of the Treasury Internal Revenue Service

#### Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

Part I Reportir	ng Issuer		
1 Issuer's name			2 Issuer's employer identification number (EIN)
			lany
NAVIOS MARITIME PA		***	75-3257362
3 Name of contact for	additional information 4	Telephone No. of contact	5 Email address of contact
EDIEVITEIDOM			
6 Number and street (	or P.O. box if mail is not deliv	+30-210-4595000 vered to street address) of contact	etsironi@navios.com
The state of the s	or , to box if mail is not bein	refer to street address) of confact	7 City, town, or post office, state, and ZIP code of contact
7 AVENUE DE GRANDI	BRETAGNE, OFFICE 11B2	,	MONTE CARLO MC 99999 MONA OC
8 Date of action		Classification and description	MONTE CARLO, MC 98000 MONACO
		2	
2/14/2023		COMMON UNITS	
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)
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Y62267102 Part II Organiza	rional Action Allert	NMM	
14 Describe the organ	stronal action and if applie	able the data of the action and	See back of form for additional questions.
the action ▶ THE	ISSUED MADE OUADTED	V CASH DISTRIBUTIONS TO ITS	date against which shareholders' ownership is measured for
ENDED DECEMBER 31.	2022 THIS FORM RELATE	S TO THE DISTRIBUTIONS MADE	COMMON UNITHOLDERS DURING THE CALENDAR YEAR E ON FEBRUARY 14, 2023. THIS DISTRIBUTION WAS
MADE ENTIRELY OUT	OF CURRENT YEAR EARNI	NGS AND PROFITS AND THUS W	VOULD NOT AFFECT THE BASIS OF THE UNITHOLDERS
IN THE SECURITY. THIS	FORM IS PROVIDED ON A	PROTECTIVE BASIS ONLY.	WOOLD NOT AFFECT THE BASIS OF THE UNITHOLDERS
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		E 3000000000000000000000000000000000000	
15 Describe the quant	itative effect of the organizati	onal action on the basis of the soci	urity In the hands of a U.S. taxpayer as an adjustment per
share or as a perce	ntage of old basis ▶ THERE	IS NO QUANTITATIVE EFFECT.	unty in the hands of a U.S. taxpayer as an adjustment per
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16 Describe the calcula	ation of the change in basis a	nd the data that supports the calcu	ulation, such as the market values of securities and the
valuation dates ► N	/A	nd the data that supports the calcu	ilation, such as the market values of securities and the
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17	List th		e section(s) and subsection(s) upon which the	ne tax treatment is based ▶	IRC §§ 301(c) and 316(a).
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8	Can ar	ny resulting loss be recognized? ▶	NO		
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gn	Under belief,	r penalties of perjury, I déclare that I hav it is true, correct, and complete. Declara	re examined this return, including accompanying atlon of preparer (other than officer) is based on a	schedules and statements, and Il information of which preparer h	to the best of my knowledge and as any knowledge.
gn ere	Signa	ture >		Date ►8/	17/2023
	Print	our name ► ERIFYLI TSIRONI	Drowning in the	Title ► CHIEF FINAN	CIAL OFFICER
aid		Print/Type preparer's name	Preparer's signature	Date Che	eck T if PTIN

Check if self-employed

Firm's EIN ▶

Phone no.

P01073462

87-3707167

212-503-8800

Use Only Firm's name ► CBIZ MARKS PANETH LLC

Firm's address ► 685 THIRD AVENUE, NEW YORK, NY 10017

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

Preparer JOSEPH GIAMPAPA

Paid