See separate instructions.

| Part I Reporting I                    | ssuer                   |  |                                 | •   |  |  |
|---------------------------------------|-------------------------|--|---------------------------------|---|--|--|
| 1 Issuer's name                       |                         | 2 Issuer's employer identification number (EIN)              |                                 |   |  |  |
| Corporate Capital Trust II            |                         | 47-1595504   |                                 |   |  |  |
| 3 Name of contact for add             | litional information    | 5 Email address of contact                                   |                                 |   |  |  |
| <b>Client Relations</b>               |                         |  | 877.628.8575                    | service@fsinvestments.com   |  |  |
| 6 Number and street (or P             | .O. box if mail is not  | 7 City, town, or post office, state, and ZIP code of contact |                                 |   |  |  |
| 201 Rouse Boulevard                   |                         |  | Philadelphia, PA 19112          |   |  |  |
| 8 Date of action                      |                         |  | ification and description       |   |  |  |
| See below                             |                         | Common   | Stock                           |   |  |  |
| 10 CUSIP number   11 Serial number(s) |                         | ;)   | 12 Ticker symbol                | 13 Account number(s)  |  |  |
| 21989U104                             |                         |  |                                 |   |  |  |
| Part II Organizatio                   | nal Action Attac        | h additional   | statements if needed. See       | back of form for additional questions.  |  |  |
| Ũ                                     | tional action and, if a | oplicable, the   | date of the action or the date  | against which shareholders' ownership is measured for   |  |  |
| the action ►                          | orato Canital Truct     |  | r") paid quartarly each distr   | ibutions to is common shareholders. Of the total  |  |  |
|                                       |                         |  |                                 | cumulated earnings and profits.   |  |  |
|                                       |                         |  |                                 | · · ·   |  |  |
| The distributions were paid           |                         |  |                                 |   |  |  |
| 03/01/2019; 07/17/2019; 10/           | 15/2019; 12/18/2019     |  |                                 |   |  |  |
|                                       |                         |  |                                 |   |  |  |
|                                       |                         |  |                                 |   |  |  |
|                                       |                         |  |                                 |   |  |  |
|                                       |                         |  |                                 |   |  |  |
| 15 Describe the quantitat             | ive offect of the even  | -izotional oot   | ion on the basis of the accuvit | in the bonds of a LLC townships on an adjustment par  |  |  |
| •                                     | -                       |  |                                 | y in the hands of a U.S. taxpayer as an adjustment per<br>9, 2.73% of the value received will reduce the basis in |  |  |
|                                       |                         |  |                                 | an refer to for specific information.   |  |  |
|                                       |                         |  |                                 |   |  |  |
|                                       |                         |  |                                 |   |  |  |
|                                       |                         |  |                                 |   |  |  |
|                                       |                         |  |                                 |   |  |  |
|                                       |                         |  |                                 |   |  |  |
|                                       |                         |  |                                 |   |  |  |
|                                       |                         |  |                                 |   |  |  |
|                                       |                         |  |                                 |   |  |  |
| 40 Describer the sector follow        |                         |  |                                 |   |  |  |

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 ► The Taxpayer's earnings and profits were calculated under the provisions of Internal Revenue Code (IRC) Section 312 and the Regulations thereunder. Amounts distributed in excess of earnings and profits reduce the shareholder's basis in its shares to the extent of basis.

## Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ► IRC Section 301(c)(2).

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 corporate actions are effective
on the dates indicated above.

| Sign<br>Here    | Under penalties of perjury, I declare that I have examined this return, including accompanying so belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all in Signature |                                   |  |                    |            |                        |       |  |
|-----------------|--|-----------------------------------|--|--------------------|------------|------------------------|-------|--|
|                 | Print  | your name ► William Goebel        |  | Title ►            | CFO        |                        |       |  |
| Paid<br>Prepare |  | Print/Type preparer's name        | Preparer's signature                   | Date               |            | Check if self-employed | PTIN  |  |
| Use Onl         |  | Firm's name                       |  | Firm's EIN ►       |            |                        |       |  |
|                 | , <b>y</b>   | Firm's address 🕨                  |  | Phone no.          |            |                        |       |  |
| Send Fo         | orm 89   | 37 (including accompanying staten | nents) to: Department of the Treasury, | Internal Revenue S | ervice, Og | den, UT 84201          | -0054 |  |