

**Report of Organizational Actions
Affecting Basis of Securities**

OMB No. 1545-0123

▶ See separate instructions.

Part I Reporting Issuer

1 Issuer's name		2 Issuer's employer identification number (EIN)	
STORE CAPITAL CORPORATION		45-2280254	
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact	
JULIE N. BENNETT	480-256-1100	JBENNETT@STORECAPITAL.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	
8377 E. HARTFORD DR. STE. 100		SCOTTSDALE, AZ 85255	
8 Date of action		9 Classification and description	
VARIOUS - SEE #14 BELOW		COMMON STOCK	
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)
862 121 100		STOR	

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 ▶ **CASH DISTRIBUTIONS TO COMMON STOCKHOLDERS IN EXCESS OF EARNINGS & PROFITS WERE MADE ON THE FOLLOWING DATES: 01/15/20; 04/15/20; 07/15/20; 10/15/20**

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 ▶

01/15/20; \$0.3500 DISTRIBUTION PER SHARE; \$0.0805 RETURN OF CAPITAL PER SHARE
04/15/20; \$0.3500 DISTRIBUTION PER SHARE; \$0.0805 RETURN OF CAPITAL PER SHARE
07/15/20; \$0.3500 DISTRIBUTION PER SHARE; \$0.0805 RETURN OF CAPITAL PER SHARE
10/15/20; \$0.3600 DISTRIBUTION PER SHARE; \$0.0828 RETURN OF CAPITAL PER SHARE

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 & 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 ► IRC SECTION 301**18** Can any resulting loss be recognized? ► N/A**19** Provide any other information necessary to implement the adjustment, such as the reportable tax year ► _____**Sign
Here**

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.

Signature ► Date ► 1/22/2021Print your name ► JULIE N. BENNETTTitle ► SVP - TAX**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

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