

Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-2224

▶ See separate instructions.

Part I Reporting Issuer

1 Issuer's name STORE CAPITAL CORPORATION			2 Issuer's employer identification number (EIN) 45-2280254		
3 Name of contact for additional information JULIE N. BENNETT		4 Telephone No. of contact 480-256-1100	5 Email address of contact JBENNETT@storecapital.com		
6 Number and street (or P.O. box if mail is not delivered to street address) of contact 8501 E. PRINCESS DR., SUITE 190			7 City, town, or post office, state, and Zip code of contact SCOTTSDALE, AZ 85255		
8 Date of action VARIOUS - SEE #14 BELOW		9 Classification and description COMMON STOCK			
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)		

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: 03/14/14; 06/13/14; 09/15/14; 11/14/14**

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 ▶

03/14/14; \$0.2395 DISTRIBUTION PER SHARE; \$0.0117 RETURN OF CAPITAL PER SHARE
06/13/14; \$0.2455 DISTRIBUTION PER SHARE; \$0.0120 RETURN OF CAPITAL PER SHARE
09/15/14; \$0.2870 DISTRIBUTION PER SHARE; \$0.0140 RETURN OF CAPITAL PER SHARE
11/14/14; \$0.1039 DISTRIBUTION PER SHARE; \$0.0051 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)

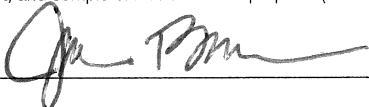
17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ IRC SECTION 301

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 ▶

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.

Sign Here

Signature ▶  Date ▶ 1/21/15

Print your name ▶ JULIE N. BENNETT Title ▶ SVP-TAX

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.