Form **8937** (December 2011)

(December 2011)
Department of the Treasury
Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part Reporting Issuer			
1 Issuer's name	2 Issuer's employer identification number (EIN)		
820 Mission Street, Inc.		34-1859125	
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact	
James Finnerty	216-416-3242	jamesfinnerty@forestcity.net	
6 Number and street (or P.O. box if mail is not		dress) of contact 7 City, town, or post office, state, and Zip code of cor	
50 Public Square, Suite 1410 8 Date of action	9 Classification and description	Cleveland, OH 44113	
• Date of action	9 Classification and description		
9/30/16	Nontaxable cash distribution to com	nmon shareholders	
10 CUSIP number 11 Serial number(s		13 Account number(s)	
Part II Organizational Action Attac	th additional statements if peopled. So	e back of form for additional questions.	
		e against which shareholders' ownership is measured for	
		s current and accumulated earnings and profits.	
See Part II, Line 15 for the amount of these dis		ge and prones.	
		- comment	
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		ty in the hands of a U.S. taxpayer as an adjustment per curity in the hands of the US Taxpayers as follows:	
Date Paid - 9/30/2016	W-	· · · · · · · · · · · · · · · · · · ·	
Return of Capital per Share - \$5,000			
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112-11			
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valuation dates ► The Taxpayer's earning	s and profits were calculated under IRS	ation, such as the market values of securities and the Code Section 312, as modified by IRS Code Section excess of the earnings and profits reduced the	
shareholder's tax basis in its shares to the ex		3	

Га	СШ	Organizational Action (continu	ea)		
17	List the	e applicable Internal Revenue Code sec	tion(s) and subsection(s) upon which the	tax treatment is based ▶	§301(c)(2)
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18	Can an	y resulting loss be recognized? ► N/A			
			•		
					100
40	Dusvida				
19 Tho			plement the adjustment, such as the rep	ortable tax year ►	
THE	actions a	are effective on the dates of the distr	ibutions identified above.		
		/			
	Unde	er penalties of perjum, I declare that I have e	examined this return, including accompanying	schedules and statements	and to the best of my knowledge and
٥:	- 1	r, it is true, correct, and complete. Declaration	on of preparer (other than officer) is based on a	all information of which prep	arer has any knowledge.
Sig: Her		20/10			
пеі	Signa	ature		Date ►	20/1/
		W m	E		- 74.0
		your name Print/Type preparer's name	Preparer's signature	Title ► Date	Charle D if PTIN
Pai		1790 property 3 mante		2410	Check if FIIN self-employed
	parer	Firm's name			Firm's EIN ▶
USE	Only	Firm's address ▶			Phone no.
Send	Form 89		its) to: Department of the Treasury, Interi	nal Revenue Service, Og	