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

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Part I Re	eporting Is	suer			
Issuer's nan					2 Issuer's employer identification number (
OUNIT COM	AEDCIAL DE	AL ESTATE INCOM	ME INC		32-0506267
		itional information		No. of contact	5 Email address of contact
CATHERINE LYNCH 630-218-8000					lynch@inland-investments.com
Number an	d street (or P.	.O. box if mail is not	delivered to s	treet address) of contact	7 City, town, or post office, state, and ZIP code of co
					DAY BROOK II (AFA)
901 BUTTERI			0.01	itiantian and description	OAK BROOK, IL 60523
8 Date of act	ion		9 Class	ification and description	
EE PART II L				STOCK, CLASS I SHAP	
0 CUSIP nur	nber	11 Serial number	r(s)	12 Ticker symbol	13 Account number(s)
					N/A
45781 Part II (N/A		N/A statements if needed	See back of form for additional questions.
					date against which shareholders' ownership is measured for
the action		ational action and, in	applicable, the	date of the action of the	date against miss, evaluation and a second
		FAL ESTATE INCO	OME, INC. MAD	DE CASH DISTRIBUTIONS	S TO ITS COMMON STOCK, CLASS I SHAREHOLDERS
					80% OF THE DISTRIBUTIONS REPRESENT
					20, 2021, FEBUARY 18, 2021, MARCH 17, 2021,
					EPTEMBER 17, 2021, OCTOBER 19, 2021,
		D DECEMBER 17, 2			
TTO VENIBER	.,, 202.,,				
					MANY SECTION OF THE PROPERTY O
15 Descri	oe the quantit	ative effect of the or	ganizational ac	tion on the basis of the sec	curity in the hands of a U.S. taxpayer as an adjustment per
		tage of old basis ▶			
THE BASIS	OF THE SEC	URITY SHOULD BE	REDUCED BY	/ 26.727180% OF THE TO	TAL DISTRIBUTION RECEIVED.
		ation of the change i	n basis and the	data that supports the cal-	culation, such as the market values of securities and the
	tion dates ►				WITH THE COOK TAXAGER HINDS ARE IN EVALUATED AN
					WITH THE 2021 TAX YEAR WHICH ARE IN EXCESS OF
THE CURF	RENT YEAR A	ND ACCUMULATED	D EARNINGS A	IND PROFITS.	
					E RESERVE SUB-CONTROL OF THE CONTROL
	1000				
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artii	Organizational Action (continued)	
7 List	he applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is bas	sed >
	TION 301(c)(2).	
The state of		
g winding		
1		
18 Car	any resulting loss be recognized? ▶	
V/A		
		ACCEPTANCE AND ADDRESS OF THE SECOND
		A STATE OF THE STA
19 Pro	vide any other information necessary to implement the adjustment, such as the reportable tax year ▶	
N/A		
		Carlotte Company of the Company
_		
Facility		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	nts, 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 pre	eparer has any knowledge.
Sign	14, 11	-25-20
Here	Signature Date Date	-25-22
	Print your name CATWERINE & LYNCH THE CF	3
	Print your name ► NTDER NE A-CYOCK Title ► Print/Type preparer's name Preparer's signature Date	
Paid	7700	Check if PTIN
Prepa	rer	self-employed P00541416
Use C	Firm's address > 150 WEST JEFFERSON, SUITE 1900 DETROIT, MI 48226-4429	Firm's EIN ► 13-5565207
Send Fo	rm 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, O	Phone no. 313-230-3000 gden, UT 84201-0054
		- 1201 0001