Form **8937**(December 2011) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

		D	1		•					
_	art I	Reporting	issuer				1			
1	Issuer's	name		2 Issuer's employer identification number (EIN)						
_	Nama	of contact for ad-	ditional information	4 T	elephone No. of cont	ant	5 Email address of contact			
3	Name of contact for additional information 4				elephone No. of Cont	acı	5 Email address of contact			
6	Number	r and street (or F	P.O. box if mail is not	7 City, town, or post office, state, and Zip code of conta						
Ü	11011100	i and on our (or i	.c. box ii maii io not	1 only, town, or post onlos, state, and Elp code of conta						
8	Date of	action			9 Classification and description					
_										
10	CUSIP number 11 Serial number(s)			(s)	12 Ticker	symbol	13 Account number(s)			
P	art II	Organization	onal Action Atta	ch ad	ditional statements	if needed. S	See back of form for additional questions.			
14	Descr	ibe the organiza	itional action and, if a	applica	able, the date of the a	action or the d	date against which shareholders' ownership is measured for			
	the ac	ction ►								
15	Donor	Describe the constitution of set of the constitution of the best of the constitution of the best of the constitution of the co								
13		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 ►								
	Silaic	or as a percent	age of old basis F							
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									
	valuat	tion dates ►								

Par	t II	Orga	nizational	Action (co	ntinued)				, ,		
17	List th	ne applic	able Internal F	Revenue Cod	e section(s) and subsection(s)	upon which the tax	treatment is ba	sed ▶		
-											
18	Can a	any resul	ting loss be re	cognized? ►							
19	Provid	de anv o	ther informatic	n necessarı	to implen	nent the adjustment	such as the reportal	hle tav vear ►			
19	1 TOVIC	de arry o	the informatio	ni riecessai y	to implem	ient the adjustment,	such as the reporta	bie tax year 🕨 _			
	Un	der pena	Ities of perjury, I	declare that I	have exam	ined this return, includi	ng accompanying sche	edules and staten	nents, and to the best of my knowledge and		
	be	lief, it is tr	ue, correct, and	complete. Dec	claration of	preparer (other than off	icer) is based on all info	ormation of which	preparer has any knowledge.		
Sign											
Here	Sig	gnature ►	Signatu	ure on file	е			Date ►	1/18/17		
											
	Pri	nt your na				In		Title ▶	1		
Paid	ł	Print/	Type preparer's	name		Preparer's signature		Date	Check if		
Pre									self-employed		
Use		y Firm'	s name 🕨						Firm's EIN ►		
S000	E02	_	s address >	nonvine et-t	omonto) ±	o: Donortmont of the	Trooping Internal D	Povonuo Comi	Phone no.		
Jenu	OHII	111) 1060	cidulity accom	ipanying stat	.cm c ms) t	o. Department of the	Treasury, milemal R	CACHINE OF MICE	e, Ogden, UT 84201-0054		