## 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 1			4 1	elephone No. of Cont	acı	5 Email address of contact			
6	Number	r and street (or F	P O box if mail is not	delive	ered to street address	s) of contact	7 City, town, or post office, state, and Zip code of conta			
Ŭ	Number and street (or P.O. box if mail is not delivered to street address) of contact						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	ibo the guentite	tive offect of the ergo	onizoti	ional action on the ba	aia of the accu	curity in the hands of a U.S. taxpayer as an adjustment per			
13			age of old basis ►	ailizati						
	Silaic	or as a percent	age of old basis F							
16	Descr	ibe the calculati	on of the change in b	oasis a	and the data that sup	ports the calcu	culation, such as the market values of securities and the			
	valuat	tion dates ►								

Par	ill	Organizational Action (c	ontinued)		
17	List th	e applicable Internal Revenue Co	de section(s) and subsection(s) ир	oon which the tax treatment is	s based ▶
	0				
18	Can a	ny resulting loss be recognized?			
19	Provid	le any other information necessar	y to implement the adjustment, su	uch as the reportable tax year	·
		der penalties of perjury, I declare that ief, it is true, correct, and complete. De			ratements, and to the best of my knowledge and
C:		iei, it is true, correct, and complete. De	eciaration of preparer (other than office	i) is based on all illionnation of w	Then preparer has any knowledge.
Sign Here		nature▶ <u>Signature on file</u>	<b>)</b>	Date ►	1/18/17
		-			
D-:		nt your name ► Print/Type preparer's name	Preparer's signature	Title ► Date	Charle T if PTIN
Paic					Check if self-employed
Prep Use					Firm's EIN ▶
		Firm's address ▶			Phone no.
Send	Form 8	8937 (including accompanying sta	atements) to: Department of the T	reasury, Internal Revenue Ser	