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

P	art I Reporting	Issuer		·								
1	Issuer's name			2 Issuer's employer iden	2 Issuer's employer identification number (EIN)							
3	Name of contact for add	4 Telephone	No. of contact	5 Email address of contac	t							
6	Number and street (or F	P.O. box if mail is not	t 7 City, town, or post office, st	ate. and Zip code of contact								
	(, — р								
8	Date of action		9 Class	ification and description								
		T										
10	CUSIP number	11 Serial number(s	5)	12 Ticker symbol	13 Account number(s)							
Ð	art II Organizatio	│ onal Action Attac	h additional	statements if needed	See back of form for additional di	uestions						
14		Organizational Action Attach additional statements if needed. See back of form for additional questions. The the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for										
	the action ►					·						
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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 share or as a percentage of old basis >												
_												
12/	15/2012: DISTRIBUTION	PER SHARE \$0.05	7172; RETUR	N OF CAPITAL PER SI	HARE \$0.030090							
16	Describe the calculation	on of the change in b	asis and the c	lata that supports the ca	alculation, such as the market values of	securities and the						
	valuation dates ►											
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Par	t II	Or	rganizational	Action (co	ontinued)					
17	List tl	he ap	pplicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶							
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18	Can a	any re	esulting loss be r	ecognized?	-					
19	Provi	de ar	ny other informati	ion necessar	y to implen	nent the adjustment, su	uch as the reportab	ole tax ye	ar ▶	
										, and to the best of my knowledge and
	belief, it is true, correct, and complete. Declaration of preparer					preparer (other than office	er) is based on all info	rmation of	which prep	arer has any knowledge.
Sign										
Here	Signature ► /S/ JOSEPH MILLER					Date ►	1/28	/2013		
	Pr	_	ur name ►			Duon quarte etere t		Title ▶		
Paid	k		rint/Type preparer'	s name		Preparer's signature		Date		Check if PTIN
Pre										self-employed
Use	Onl	עי 🦳	irm's name							Firm's EIN ▶
Send	Form		irm's address ►	mnanving etc	atements) +	o: Department of the T	reacting Internal Da	Nanua C	Service Oc	Phone no.
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