



**Part II Organizational Action** (continued)

**17** List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ Internal Revenue Code Section 301, 316, 852

Multiple horizontal lines for listing applicable Internal Revenue Code sections and subsections.

**18** Can any resulting loss be recognized? ▶ N/A

Multiple horizontal lines for providing information regarding resulting loss recognition.

**19** Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ See Part II, Item 15 of this form for the per share amounts and dates of distributions impacted by this organizational action. This organizational action is reportable with respect to calendar year 2018.

Multiple horizontal lines for providing other necessary information for the adjustment.

**Sign Here**  
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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 preparer has any knowledge.  
Signature ▶ *Neil Bloom* Date ▶ 2/13/19  
Print your name ▶ Neil Bloom Title ▶ Assistant Treasurer

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.