## 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

Part I Reporting I	ssuer		
1 Issuer's name			2 Issuer's employer identification number (EIN)
		24.7404000	
3 Name of contact for add		34-7194866 5 Email address of contact	
3 Name of contact for acc	ditional information 4	Telephone No. of contact	5 Liman address of contact
Glenn McWhinnie		312-357-0356	glenn.mcwhinnie@guggenheiminvestments.com
6 Number and street (or P	.O. box if mail is not del	7 City, town, or post office, state, and Zip code of contact	
			Old III eeeee
227 West Monroe Street, 70 8 Date of action	th Floor	9 Classification and description	Chicago, IL 60606
b Date of action		Classification and decomption	
2/23/17		PAID A "RETURN OF CAPITAL" DIS	STRIBUTION
10 CUSIP number	13 Account number(s)		
40167B100		GPM	
			ee back of form for additional questions.
•	· ·		te against which shareholders' ownership is measured for
	N OF CAPITAL DISTRI	BUTION AS A PART OF THE FOLLO	
RECORD DATE:		TOTAL PER SHARE DISTRIBUTION	
3/15/16		0.240000	0.122151 0.122151
<u>6/15/16</u> 9/15/16		0.240000 0.240000	0.122151
12/15/16		0.24000	0.122151
12/10/10		012 10000	0
· · · · · · · · · · · · · · · · · · ·	_		ity in the hands of a U.S. taxpayer as an adjustment per
snare or as a percenta	age of old basis > THE	ABOVE ACTION WILL REDUCE THE	COST BASIS OF THE SHAREHOLDER'S SECURITY
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		s and the data that supports the calcul	ation, such as the market values of securities and the
valuation dates ► N/A			
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Par	τш	Organizational Action (conti	nued)		
17	List th	ne applicable Internal Revenue Code s	ection(s) and subsection(s) upon which th	e tax treatment is based ►	IRC SECTION §312 & §316
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18	Can a	any resulting loss be recognized?	I/A		
	00,,,	in regarding toos so reedy			
19	Provi	de any other information necessary to	implement the adjustment, such as the re	portable tax year ► N/A	
_					
		14			
_					
	Ur	oder penalties of periury. I declare that I have	ve examined this return, including accompanying	a schedules and statements, a	nd to the best of my knowledge and
	be	elief, it is true, correct, and complete. Declar	ation of preparer (other than officer) is based on	all information of which prepare	er has any knowledge.
Sigr	,	M1 22.	201		
Her	a I	gnature Flenh	There	Date ▶ 2/23/20	117
	31	gnature	•	Date	
	۵.	int your name ► Glenn McWhinnie		Title ► Assistant	[reasurer
De!		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Paid					self-employed
	pare		•		Firm's EIN ▶
USE	On	Firm's address ►			Phone no.
Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054					