## Form **8937**

(December 2017)
Department of the Treasury
Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Part Reporting	ssuer				
1 Issuer's name		2 Issuer's employer identification number (EIN)			
Guggenheim Credit Alloca	tion Fund	46-2533885			
3 Name of contact for add		4 Telephon	e No. of contact	5 Email address of contact	
Glenn McWhinnie			312-357-0356	glans mauhinnia@gugganhaiminyaatmanta aam	
6 Number and street (or P	delivered to s		glenn.mcwhinnie@guggenheiminvestments.com 7 City, town, or post office, state, and ZIP code of contact		
• Number and street (of f	.O. DOX II MAII IS NOT	delivered to s	sireer address) or corract	7 Oity, town, or post office, state, and 217 code of contact	
227 West Monroe Street, 7	th Floor			Chicago, IL 60606	
8 Date of action		9 Class	ification and description		
7/29/19		PAID A "	RETURN OF CAPITAL" DIS	STRIBUTION	
10 CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13 Account number(s)	
40168G108	_		GGM		
Part II Organization	onal Action Attac	h additional	statements if needed. Se	ee back of form for additional questions.	
				te against which shareholders' ownership is measured for	
the action ► RETUR	N OF CAPITAL DIST	RIBUTION A	S PART OF THE FOLLOW	NG DISTRIBUTIONS:	
RECORD DATE:		TOTAL	PER SHARE DISTRIBUTION	N: ROC PER SHARE DISTRIBUTION:	
1/15/19			0.1813	0.041357824	
2/15/19			0.1813	0.041357824	
3/15/19			0.1813	0.041357824	
4/15/19			0.1813	0.041357824	
5/15/19			0.1813	0.041357824	
				rity in the hands of a U.S. taxpayer as an adjustment per BASIS OF THE SHAREHOLDER'S SECURITY.	
16 Describe the calculation valuation dates ► N/A		asis and the o	data that supports the calcul	ation, such as the market values of securities and the	

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Par	t II	Organizational Ac	tion (continued)				
17	List th			(s) and subsection(s) upon	which the tax treat	ment is based ▶	IRC SECTIONS §312 & §316
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18	Can a	ny resulting loss be recog	ınized? ► N/A				
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19	Provid	le any other information n	necessary to implen	nent the adjustment, such	as the reportable ta	ax vear ▶ N/A	
-							
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	Un bel	der penalties of perjury, I decief, it is true, correct, and com	clare that I have examing the examination of	nined this return, including acc preparer (other than officer) is	ompanying schedule based on all informat	s and statements, ion of which prepa	and to the best of my knowledge and rer has any knowledge.
Sigr Her	a	nature ▶	-Min	line	Da	te ▶	9/3/19
	Det	nt your name ► Glenn McV	Whinnie	<u>-</u>	ти	le ► Assistant	Treasurer
Paid	t	Print/Type preparer's nan		Preparer's signature		ate Assistant	Check if self-employed
	pare Onl			J			Firm's EIN ▶
		Firm's address ▶					Phone no.
Send	Form	8937 (including accompar	nying statements) to	o: Department of the Treas	ury, Internal Rever	nue Service, Ogo	len, UT 84201-0054