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

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Part I Reporting I	ssuer			
1 Issuer's name SPDR Portfolio Aggre	gate Bond ETF	2 Issuer's employer identification number (EIN)		
(F.K.A. SPDR Bloomb	erg Barclays Aggr	20-8600831		
3 Name of contact for add	litional information 4	5 Email address of contact		
SSGA Funds Management		Fund_Inquiry@SSgA.com		
6 Number and street (or P	.O. box if mail is not de	7 City, town, or post office, state, and Zip code of contact		
State Street Financial Cent	er, 1 Lincoln Street	Boston, MA 02111-2900		
8 Date of action				
October 16, 2017		2:1 Shai	re Split and Ticker symbol	change
10 CUSIP number	11 Serial number(s)		12 Ticker symbol	13 Account number(s)
78464A649	N/A		SPAB (F.K.A. BNDS)	N/A
Part II Organization	nal Action Attach	additiona		ee back of form for additional questions.
14 Describe the organizat	tional action and, if app	licable, the	e date of the action or the da	ate against which shareholders' ownership is measured for
-			nderwent a 2 for 1 share s	
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7-11-2				
•	_			rity in the hands of a U.S. taxpayer as an adjustment per ch post-split share has a tax basis equal to 0.50 times the
tax basis of a pre-split share	re (50% of old basis).			
			· ···	
			• •	lation, such as the market values of securities and the error the share split is one half of the basis before the
share split, however the sh				
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Pai	rt II	Organizational Action (con	tinued)		
17	List th		section(s) and subsection(s) upon whi	ch the tax treatment is based ▶	IRC 358, 368, and 354.
					· · · · · · · · · · · · · · · · · · ·
18	Can a	any resulting loss be recognized? ▶	No		
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				a and a second s	
	27 300				
19			o implement the adjustment, such as t		
		ax Advisor to determine the impac	t of this transaction with respect to	their individual facts and circ	umstances for the 2017 tax
year.					
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			TO THE STATE OF TH		
			ave examined this return, including accomp ration of preparer (other than officer) is base		
Sigr		. 1			
Here	_	gnature New /	6	Date ▶ 10 /a	15/17
	Oig	graduro	0	Date:	37.7
	Pri	int your name Darlene Anderson-Va	Preparer's signature	Title ► Deputy Tr	
Paid		Print/Type preparer's name	Treparer s signature	Date	Check if self-employed PTIN
	pare				Firm's EIN ▶
Use	Onl	y Firm's name ► Firm's address ►			Phone no.
Send	Form	8937 (including accompanying state)	ments) to: Department of the Treasury.	Internal Revenue Service, Odd	