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 Reporting | ssuer | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
|--|---|--|---|--|
| 1 Issuer's name | | 2 Issuer's employer identification number (EIN) | | |
| SPDR Portfolio Large Cap | ETF (F.K.A SPDR R | 14-1937147 | | |
| 3 Name of contact for add | | 5 Email address of contact | | |
| SSGA Funds Management, Inc. | | | 1-866-787-2257 | Fund_Inquiry@SSgA.com |
| 6 Number and street (or F | O. box if mail is not | 7 City, town, or post office, state, and Zip code of contact | | |
| State Street Financial Cent | tor 1 l incoln Straat | Boston, MA 02111-2900 | | |
| 8 Date of action | er, i cincom sueet | Boston, NIA 02111-2300 | | |
| o bate of detter | | J Dia, ac | sification and description | |
| October 16, 2017 | | 4·1 Shar | e Split and Ticker symbol o | change |
| 10 CUSIP number | 11 Serial number(s | | 12 Ticker symbol | 13 Account number(s) |
| | | , | , | · · |
| 78464A854 | N/A | | SPLG (F.K.A ONEK) | N/A |
| | | h additiona | | ee back of form for additional questions. |
| | | | | te against which shareholders' ownership is measured for |
| • | | | nderwent a 4 for 1 share sp | |
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| Lancing Control of Con | | | | |
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| | ige of old basis ► <u>U</u> p | on effective | | rity in the hands of a U.S. taxpayer as an adjustment per ch post-split share has a tax basis equal to 0.25 times the |
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| | _ | | | lation, such as the market values of securities and the er the share split is one fourth of the basis before the |
| share split, however the sl | nareholders' total in | vestment ba | sis remains the same. | |
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| Par | t III | Organizational Action (continued) | | | | | |
|---|---------|---|--|--------------------|---|--|--|
| 17 | List th | ne applicable Internal Revenue Code section(s) | and subsection(s) upon which the tax tr | eatment is based ▶ | ► IRC 358, 368, and 354. | | |
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| 18 | Can a | ny resulting loss be recognized? ► No | | · w | | | |
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| | | le any other information necessary to implemer ax Advisor to determine the impact of this tr | | | | | |
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| V-2202V | beli | der penalties of perjury, I declare that I have examine ief, it is true, correct, and complete. Declaration of pre | | | | | |
| Sign Here Signature Lul al | | | | | | | |
| | Prir | nt your name ► Darlene Anderson-Vasquez | | Title ► Deputy Tr | easurer | | |
| Paid | I | Print/Type preparer's name | reparer's signature | Date | Check if self-employed PTIN | | |
| Prep Use | | | | | Firm's EIN ▶ | | |
| _ | Only | Firm's address ▶ | | | Phone no. | | |
| Send | Form 8 | 8937 (including accompanying statements) to: | Department of the Treasury, Internal Rev | venue Service, Ogo | | | |