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

Reporting issuer						
1 Issuer's name			2 Issuer's employer identification number (EIN)			
The Options Clearing Corporation			36-2756407			
3 Name of contact for additional information	4 Telephone No.	of contact	5 Email address of contact			
Thomas Crider	31	2.322.6200	Form8937@theocc.com			
6 Number and street (or P.O. box if mail is not			7 City, town, or post office, state, and ZIP code of contact			
125 S. Franklin Street Suite 1200			Chicago, IL 60606			
8 Date of action	9 Classification	on and description				
October 11, 2024	Options on sha	ares of Schwab U.S. S	Small-Cap ETF			
10 CUSIP number 11 Serial number	s) 12 -	Ticker symbol	13 Account number(s)			
All seri						
			ee back of form for additional questions.			
			te against which shareholders' ownership is measured for			
the action ► Each outstanding options			II-Cap ETF (SCHA) is replaced by 2			
contracts to reflect a 2 for 1 share split. Effect	tive date is October	11, 2024.				
15 Describe the quantitative effect of the orga	nizational action on	the basis of the securi	ity in the hands of a U.S. taxpayer as an adjustment per			
			is allocated to each of the 2 replacement contracts.			
<u>500</u>	70 Of the basis in c	deri existing contract	is anotated to each of the 2 replacement contracts.			
						
16 Describe the calculation of the change in b	asis and the data th	at supports the calcula	ation, such as the market values of securities and the			
valuation dates ► Tax basis in existing co	ontracts is allocated	d proportionately acre	oss the replacement contracts.			

Par	t II	Organizational Action (continued)				
17		e applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	reatment	is based ▶	Section 1012 (a)	
		00.00 N. M.				
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			3-			
18	Can ar	y resulting loss be recognized? ► No.				
80						
19	Provide	any other information necessary to implement the adjustment, such as the reportable	le tax yea	ar ▶		
V						
×						
	Unde	er penalties of perjury, I declare that I have examined this return, including accompanying scheo f, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inforr	dules and s mation of v	statements, an which preparer	d to the best of my knowledge and has any knowledge.	
Sign					,	
Have 9/1, / 1, /						
	Sign	ature Mount Mul	Date ► _	129/	20< y	
	5.	N. Thannas Crider		F		
	25	your name ► Thomas Crider Print/Type preparer's name Preparer's signature	Title ▶ Date	Executive Di	- PTIN	
Paic		Fillio Type preparer 5 fiame	Date		neck if	
	oarer				lf-employed	
Use	Only	Firm's name			rm's EIN ▶	
	_	Firm's address ▶			none no.	
Send	Form 8	337 (including accompanying statements) to: Department of the Treasury, Internal Rev	venue Se	rvice, Ogden	, UT 84201-0054	