Form 8937 (December 2011) Department of the Treasury

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Internst vessing 26 Arce			Oco ocparate monacomorio:	
Part I Reporting	Issuer			
1 Issuer's name		2 Issuer's employer identification number (E		
Sharae Clobal Inflation 1	inked Bond ETE/EV A.i	Sharac Glat	pal Inflation-Linked Bond Fund)	00 4104004
3 Name of contact for ad		26-4781821 5 Email address of contact		
o mains or contact for ac	altional imprimation	rotophono	No. of contact	J Linai address of contact
BlackRock Fund Advisors			1-800-474-2737	inhayaanii ahii ahuari aan
6 Number and street (or I		isharesetfs@blackrock.com 7 City, town, or post office, state, and Zip code of co		
o manipar and allocation	101 001 17 1101 10 1101 00		oor additional of domain	ony, with, or post onico, state, and zip code of co
525 Washington Boulevar	d Suite 1405			large City At 1 07240
8 Date of action	u, 3uite 1400	9 Classifi	cation and description	Jersey City, NJ 07310
0 0010 01 001.071		0.000	satisfi and doorspilos	
10/31/2013		Common	Stock - Regulated Investment C	nmany.
10 CUSIP number	11 Serial number(s)			13 Account number(s)
to oour named	111 00110111011001(0)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 Modell Hottibolds
46429B812			STIP	
	onal Action Attach			k of form for additional questions.
14 Describe the organiza	tional action and if ann	licable, the d	ate of the action or the date again	nst which shareholders' ownership is measured for
				rch 2013 to September 2013. All or a portion of
each distribution constitut				ich zors to September zors. All or a portion o
each distribution constitu	es a non-taxable retuin	n or capital.		
-				
•				
V				
				•
15 Describe the quantilat	ive effect of the organiz	ational action	on the basis of the security in th	e hands of a U.S. taxpayer as an adjustment per
				a non-taxable return of capital will decrease a
			e return of capital is as follows	
O.S. taxpayer 5 Dasis (ii tit		Reduction o		
Distribution Payable On:		ommon Sto		
March 7, 2013	\$0.003449	JIIIIIOII 3(OC	<u> </u>	
April 5, 2013	\$0.003378			
May 7, 2013	\$0.006755			
June 7, 2013	\$0.010133		10	
	\$0.016892			
July 8, 2013				
August 7, 2013 September 9, 2013	\$0.023647			
September 9, 2013	\$0.023644			
40 Department has a structuable	an af tha abanca to beat		Ababas arranges aba antoriotism a	and an allow on an annual state of the state
				uch as the market values of securities and the
				tions paid during the year ended October 31,
				ne taxable year ended October31, 2013 in exce
of Issuer's current and acc	umulated earnings and	d profits und	ler IRC Section 316.	
				·
	(*)			
				
For Paperwork Reduction	Act Notice, see the ser	arate Instru	octions. Cat	No. 37752P Form 8937 (12-2

Part	11	Organizational Action (continue	ed)		
17 L	ist the	applicable Internal Revenue Code sect	ion(s) and subsection(s) upon v	vhich the tax treatment is t	pased >
		enue Code Sections 301, 316, 852.			
				-	
		AUR AUG			
-	10 W				
	7.0				
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18 C	an an	y resulting loss be recognized? ► No			
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		· ·	0.00		
		550 to 57000			
			1999		

19 Pr	nvide	any other information necessary to imp	lement the adjustment, such as	the reportable tax year	
		em 15 of this form for the per share a			
		ational action is reportable with respe		ions implicated by this or	quinzutioniai action.
11113 015	<u>juiii2i</u>	ational action is reportable with respe	ot to calcillati year 2016.		
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			2 2		A SHE CALLED THE RELEASE OF THE CALLED THE C
	- 17.5				
-				100	
	1 Inde	r penalties of perjury, I declare that I have ex	amined this return, including accord	nnenving schedules and state	ments and to the heet of my knowledge, and
	belief	, it is true, correct, and complete. Declaration	of preparer (other than officer) is be	ised on all information of which	h preparer has any knowledge.
Sign) /		. / .
Here	Clana	iture > \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Date▶	12/13/2013
	Signa	IIII TO TO TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TOT		Date	1000
	Del-à -		0.1411	Title ► ASS	SISTANT TREASUREN
	St.	your name ► C/NDA /V Print/Type preparer's name	Preparer's signature	Date	- PTIN
Paid		rypo proposor o ficilio			Check if Check If Check
Prepa		Sirmia nama			
Use C	nly	Firm's name			Firm's EIN ▶
Sand F-	rm 90	Firm's address >	to: Department of the Tra	v Internal Devenira Carde	Phone no.
ספנות בס	1111 09	37 (including accompanying statements	To paparanent of the Treasul	y, internal nevenue servic	s, Ogusti, U i 0420 i-0004

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