## Form **8937**

(December 2011)

Department of the Treasury

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part I	Reporting	Issuer						
1 Issuer's name						2 Issuer's employer identification number (EIN)		
	ets Tax-Free Tr			13-3075002				
3 Name of contact for additional information 4 Telepho				No. of contact	<b>5</b> Emai	I address of contact		
Michael Co	nklin			312-706-4706	msiptax	.reg@morganstanley	/.com	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact						7 City, town, or post office, state, and Zip code of contact		
c/o Morgan Stanley Tax, 440 S. Lasalle Street, 39th Floor					Chicago	Chicago, IL, 60605		
				cation and description				
See Item 14	Below		COMMON	STOCK DIVIDENDS				
10 CUSIP		11 Serial number		12 Ticker symbol	13 Acc	ount number(s)		
004	941100	N/A	1	ATXX		N/A		
Part II				tatements if needed. S				
14 Descr	ibe the organiza	tional action and, if a	applicable, the o	ate of the action or the d	ate against which	shareholders' owner	ship is measured for	
the ac	tion ► The Iss	uer paid monthly d	istributions to	common stock shareho	lders during cale	endar vear 2016. All o	or part of such	
		non-taxable return		CONTINION SCOOK SHAFENO	roors darring can	Siladi Your Editori in C	ar part or oddin	
uistribution	is constitute a	IOII-taxable return	or capital.					
				01476				
			anizational actio	n on the basis of the secu	urity in the hands	of a U.S. taxpayer as	an adjustment per	
	•	age of old basis 🕨 _						
The quantit	ative effect of t	he distributions rep	ported as a retu	rn of capital on a per sl				
Record Date	e Payment Dat	e Distribution Per	Share Return	of Capital Record Dat	te Payment Date	e Distribution Per Sh	nare Return of Capital	
01/28/2016	01/28/2016	0.000008493	0.0000	00000 08/30/2016	08/30/2016	0.000008493	0.000001559	
02/26/2016	02/26/2016	0.000007945	0.0000	00000 09/29/2016	09/29/2016	0.000005411	0.00000993	
03/30/2016	03/30/2016	0.000008493	0.0000	00000				
04/28/2016	04/28/2016	0.000008219	0.0000	00000				
05/27/2016	05/27/2016	0.000008493	0.0000	00000				
06/29/2016	06/29/2016	0.000008876	0.0000	00000				
07/28/2016	07/28/2016	0.000008493	0.0000	01559				
08/10/2016	08/11/2016	0.000295780	0.0000	54277				
00/10/2010	00/11/2010	0.000233700	0.0000	JTE!!				
							1.1	
		7		ta that supports the calc				
valuati	lon dates ► <sub>ISSI</sub>	uer's current and ac	ccumulated ear	nings were compared to	o distributions p	aid during the fiscal	year ended	
June 30, 20	16. The non-tax	able return of capi	tal represents t	he amount of distribution	ons paid during	the taxable fiscal yea	ar ended	
				l earnings and profits u				
30110 007 20	10 111 0/10000 01	ibbaoi b carrone ar	Ta accumulated	Continues action provides a			15	
							1	
			7.					
					2			

Part		Organizational Action (conti	nued)		
17 I	iet the	applicable Internal Revenue Code s	section(s) and subsection(s) upon whic	th the tay treatment is based	Internal Revenue Code
		c)(2) and Section 316	ection(s) and subsection(s) upon which	If the tax treatment is based	internal Revenue Code
OCCUO	1001	offer and occuping to			
-					
					<u>''</u>
-					
•					
<b>18</b> C	an an	y resulting loss be recognized? ► 1	lot applicable.		
-					
-					
			e de la companya della companya della companya de la companya della companya dell		
					antalala ara ara la Garantana
		any other information necessary to 30, 2016	implement the adjustment, such as the	ie reportable tax year ► Ine rep	portable year is fiscal year
enumg	Julie	30, 2016	11		
*					
	-				
	Unde	er penalties of periury. I declare that I have	ve examined this return, including accompa	anving schedules and statements, a	and to the best of my knowledge and
	belief	f, it is true, correct, and complete. Declar	ation of preparer (other than officer) is base	d on all information of which prepar	er has any knowledge.
Sign		0 - 1	6 ( 0 .		
Here	Signa	ature -	Date ▶ 8/20/1	8	
			State Section 1982 A Section 1982 A	#AFFERTAL TESTS	
	Print	your name ► Michael Conklin Print/Type preparer's name	Preparer's signature	Title ► Assistant	PTIN
Paid		The brokerer a riginio			Check if   ' '''' self-employed
Prepa Use (		Firm's name ▶			Firm's EiN ▶
	Jilly	Firm's address ▶			Phone no.
Sand Fo	orm 89	37 (including accompanying statem	ents) to: Department of the Treasury.	Internal Revenue Service, Oade	en, UT 84201-0054