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 I Reporting Is	suer		
1 Issuer's name			2 Issuer's employer identification number (EIN)
Wilmington Small-Cap Strat	teav Fund		57-1164226
3 Name of contact for addit		4 Telephone No. of contact	5 Email address of contact
Jaha O MaDawa II		4 000 000 0044	
John C. McDonnell 6 Number and street (or P.	O boy if mail is not	1-800-836-2211 delivered to street address) of cont	funds@wilmingtontrust.com act 7 City, town, or post office, state, and Zip code of contact
• Number and Street (or F.	J. DOX II Mail IS NOT	delivered to street address) of cont	act 7 Gity, town, or post office, state, and 21p code of contact
111 South Calvert Street, 26	ith Floor		Baltimore, MD 21202
8 Date of action		9 Classification and descripti	on
August 3, 2015		Regulated Investment Compa	any Stock - Class I shares
	11 Serial number(s		13 Account number(s)
		,	
97181C381		WMSIX	
Part II Organization	nal Action Attac	h additional statements if need	ed. See back of form for additional questions.
Describe the organization the action ►	onal action and, if a	pplicable, the date of the action or	the date against which shareholders' ownership is measured for
The above-named issuer wa	as completely liquid	dated on August 3, 2015, whereir	all of the shares of the fund were redeemed in exchange
for liquidating distribution(s	s) pursuant to a pla	n of liquidation and termination.	
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15 Describe the quantitativ share or as a percentage	_	nizational action on the basis of the	e security in the hands of a U.S. taxpayer as an adjustment per
•		nal action, each shareholder gen	erally will recognize gain or loss on the disposition of the
			ured as the difference between gross proceeds received in the
			and the recognition event, the shareholder will no longer own
any shares or have any tax	basis in the shares	s. Gain or loss realized on shares	held in certain tax exempt accounts may not be taxable.
Shareholders should contact	ct their tax advisor	s regarding the specific circumst	ances surrounding their shares subject to this organizational
action.			· · · · · · · · · · · · · · · · · · ·
16 Describe the calculation valuation dates ▶	n of the change in b	asis and the data that supports the	calculation, such as the market values of securities and the
Amounts received by a share	reholder in a distri	bution in complete liquidation of	the fund is treated as full payment in exchange for the stock.
			is against the liquidating distribution proceeds, resulting in
	his gain or loss re	cognition event the shareholder t	will no longer own any shares or have any tax basis in the
redeemed shares.			
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Part II	Organizational	AATIAN	(Acatioused)

17 Lis	st the	applicable Internal Revenue Co	nde section(s)	and subsection(s) upo	n which the tax trea	atment	is based ▶		
), General Rule - If property is						is recognized	on receipt
		erty, then the basis of the pro							
distribu									
Section	346(a	Complete Liquidation - For	purposes of	this subchapter, a dis	stribution shall be	treated	as in com	plete liquidati	on of a
corpora	tion if	the distribution is one of a s	eries of distr	ibutions in redemptio	on of all of the stoo	k of th	e corporat	ion pursuant 1	o a plan.
		1							
40 0-									
	-	resulting loss be recognized?							
		loss can occur on the shares						irt of taxable t	ransactions.
Please C	consu	It your tax advisor to determi	ne the tax co	nsequences of the s	nares redeemed in	your a	account.		

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19 Pr	ovide	any other information necessar	ry to impleme	nt the adjustment, suc	h as the reportable	tax yea	ar 🕨		
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		penalties of perjury, I declare that							
<u>.</u>	belle1,	it is true, correct, and complete. D	eciaration of pr	eparer (other than officer)	is based on all inform	auon oi	wnich prepa	rer nas any know	neage.
Sign		(Λ	10-	~
Here	Signa	ture > John M	<u> </u>			Date ►	1+0,	-vel 7.	2017
-		V					`		
	Print	our name ► John C. McDonne				Γitle ►	Assistant		Vice President
Paid		Print/Type preparer's name	F	reparer's signature		Date		Check IT	PTIN
Prepa	rer							self-employed	
Use C		Firm's name ▶						Firm's EIN ▶	
	,	Firm's address ▶						Phone no.	
Send Fo	rm 89	37 (including accompanying st	atements) to:	Department of the Tre	asury, Internal Rev	enue S	ervice, Ogo	len, UT 84201-	0054