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 Issuer				
1 Issuer's name			2 Issuer's employer identification number (EIN)	
POWERSHARES KBW BANK PORTFOLIO			45-3552700	
3 Name of contact for additional information	4 Telephone No. of	f contact	5 Email address of contact	
POWERSHARES CLIENT SERVICES 800-983-0903 6 Number and street (or P.O. box if mail is not delivered to street address) of contact			INFO@POWERSHARES.COM 7 City, town, or post office, state, and Zip code of contact	
6 Number and street (or P.O. box if mail is	ot delivered to street at	doress) of contact	7 City, town, or post office, state, and 2p code of contact	
301 WEST ROOSEVELT ROAD			WHEATON, IL 60187	
8 Date of action	9 Classification	and description		
PAID 03/30/2012 (DETERMINED 06/30/2012 10 CUSIP number 11 Serial number		CK icker symbol	13 Account number(s)	
TO COOM MANUAL TO COMMENTAL TO	51(3)	ionor dynnoon	7 1000011 110111001(0)	
73937B746	KBWE			
			ee back of form for additional questions.	
			te against which shareholders' ownership is measured for	
			RLY TO ITS COMMON SHAREHOLDERS.	
A PORTION OF THE DISTRIBUTION PAID	3/30/2012 REPRESENT	S A NON-DIVIDEND	DISTRIBUTION.	
PAID DATE: TOTAL PER SHARE DIS	RIBUTION: NON	-DIVIDEND PER SH	ARE DISTRIBUTION:	
03/30/2012 \$0.16801	\$0.0	0967		
			ity in the hands of a U.S. taxpayer as an adjustment per BE REDUCED BY 5.76% OF THE TOTAL	
THE RESIDENCE OF THE PROPERTY		***************************************		
	DISTRIBUTION REPRI	ESENTS DISTRIBUT	ation, such as the market values of securities and the IONS ASSOCIATED WITH 2012 TAX YEAR WHICH DFITS.	

HOWERSHARES KBW BANK POETFOLIO

45-3552700

Part		Organizational Action (continued)	Page 2
17 L	ist the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is base	ed ► I.R.C. SECTION 301(c)(2)
		A A A A A A A A A A A A A A A A A A A	
18 C	an any	resulting loss be recognized? ► N/A	
		· · · · · · · · · · · · · · · · · · ·	

19 P	rovide	any other information necessary to implement the adjustment, such as the reportable tax year $ ightharpoonup$ \underline{N}	Α
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e 1.00200	OF E		
	-		
	Unde	r penalties of perjury, I deciare that I have examined this return, including accompanying schedules and statemen	nts, and to the best of my knowledge an
Cian	belief	it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which produce the complete of t	reparer has any knowledge.
Sign Here	Signa	ture S/SHERI MORRIS Date >	8/14/2012
	U.g. Id	1	
	Print	your name ► A signed copy is maintained by the issuer. Title ►	LEASULEL
Paid	31	Print/Type preparer's name Preparer's signature Date	Check if self-employed
Prepa Use (Firm's name ▶	Firm's EIN ▶
ひつせし	July	Firm's address ▶	Phone no.