## 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

|    |                                  | <b>D</b>             | 1                        |          | •                       |                 |   |
|----|----------------------------------|----------------------|--------------------------|----------|-------------------------|-----------------|---|
| _  | art I                            | Reporting            | issuer                   |          |                         |                 | 1   |
| 1  | Issuer's name                    |                      |                          |          |                         |                 | 2 Issuer's employer identification number (EIN              |
|    |                                  |                      |                          |          |                         |                 |   |
| _  | Nama                             | of contact for ad-   | ditional information     | 4 T      | elephone No. of cont    | ant             | 5 Email address of contact                                  |
| 3  | ivame d                          | or contact for acc   | ullional information     | 4 1      | elephone No. of Cont    | acı             | 5 Email address of contact                                  |
|    |                                  |                      |                          |          |                         |                 |   |
| 6  | Number                           | r and street (or F   | P O box if mail is not   | delive   | ered to street address  | s) of contact   | 7 City, town, or post office, state, and Zip code of conta  |
| Ū  | 11011100                         | i dila oti oot (oi i | .c. box ii maii io not   | · doiiv  | orda to direct address  | 5, 01 00111401  | 1 only, town, or post onlos, state, and Elp code of conta   |
|    |                                  |                      |                          |          |                         |                 |   |
| 8  | Date of                          | action               |                          |          | 9 Classification and    | description     |   |
|    |                                  |                      |                          |          |                         | ·               |   |
|    |                                  |                      |                          |          |                         |                 |   |
| 10 | CUSIP number 11 Serial number(s) |                      |                          | (s)      | 12 Ticker               | symbol          | 13 Account number(s)  |
|    |                                  |                      |                          |          |                         |                 |   |
|    |                                  |                      |                          |          |                         |                 |   |
| P  | art II                           | Organization         | onal Action Atta         | ch ad    | ditional statements     | if needed. S    | See back of form for additional questions.                  |
| 14 | Descr                            | ibe the organiza     | itional action and, if a | applica  | able, the date of the a | action or the d | date against which shareholders' ownership is measured for  |
|    | the ac                           | ction ►              |                          |          |                         |                 |   |
|    |                                  |                      |                          |          |                         |                 |   |
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| 15 | Donor                            | ibo the guantita     | tive offect of the ergo  | onizoti  | ional action on the ba  | aia of the accu | curity in the hands of a U.S. taxpayer as an adjustment per |
| 13 |                                  |                      | age of old basis ►       | ailizati |                         |                 |   |
|    | Silaro                           | or as a percent      | age of old basis F       |          |                         |                 |   |
|    |                                  |                      |                          |          |                         |                 |   |
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|    |                                  |                      |                          |          |                         |                 |   |
|    |                                  |                      |                          |          |                         |                 |   |
| 16 | Descr                            | ibe the calculati    | on of the change in b    | oasis a  | and the data that sup   | ports the calcu | culation, such as the market values of securities and the   |
|    | valuat                           | tion dates ►         |                          |          |                         |                 |   |
|    |                                  |                      |                          |          |                         |                 |   |
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|    |                                  |                      |                          |          |                         |                 |   |

| Par  | t II      | Organiza        | ational A                           | ction (c                  | ontinued)    |  |                                  |                                   |                              |                         |                           |                                 |          |
|------|-----------|-----------------|-------------------------------------|---------------------------|--------------|--|----------------------------------|-----------------------------------|------------------------------|-------------------------|---------------------------|---------------------------------|----------|
| 17   | List th   | ne applicable   | Internal Re                         | venue Cc                  | ode section  | (s) and subsectior                             | n(s) upon whi                    | ch the tax tre                    | eatment is                   | based ▶                 |                           |                                 |          |
|      |           |                 |                                     |                           |              |  |                                  |                                   |                              |                         |                           |                                 |          |
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|      |           |                 |                                     |                           |              |  |                                  |                                   |                              |                         |                           |                                 |          |
| 18   | Can a     | nv resultina l  | oss be recc                         | oanized?                  | <b>&gt;</b>  |  |                                  |                                   |                              |                         |                           |                                 |          |
|      |           | , ,             |                                     | Ü                         |              |  |                                  |                                   |                              |                         |                           |                                 |          |
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|      |           |                 |                                     |                           |              |  |                                  |                                   |                              |                         |                           |                                 |          |
| 19   | Provid    | de anv other    | information                         | necessar                  | rv to impler | ment the adjustme                              | ent. such as t                   | he reportable                     | e tax vear                   | <b>•</b>                |                           |                                 |          |
|      |           | ,               |                                     |                           | ,            |  | ,                                |                                   |                              |                         |                           |                                 |          |
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|      |           |                 |                                     |                           |              |  |                                  |                                   |                              |                         |                           |                                 |          |
|      | Und       | der penalties o | of perjury, I de<br>correct, and co | eclare that<br>omplete. D | I have exan  | nined this return, inc<br>preparer (other than | luding accomp<br>officer) is bas | oanying sched<br>ed on all inforn | ules and sta<br>nation of wh | atements,<br>hich prepa | and to the barrer has any | oest of my knowle<br>knowledge. | edge and |
| Sign |           | ,,              |                                     |                           |              | pp (   |                                  |                                   |                              |                         |                           | ····                            |          |
| Here |           | nature ►        |                                     |                           |              |  |                                  |                                   | Date ►                       |                         |                           |                                 |          |
|      | Sig       | nature          |                                     |                           |              |  |                                  |                                   | Date -                       |                         |                           |                                 |          |
|      | Prir      | nt your name ▶  | •                                   |                           |              |  |                                  |                                   | Title ►                      |                         |                           |                                 |          |
| Paid |           |                 | preparer's na                       | ame                       |              | Preparer's signatur                            | re ·                             |                                   | Date                         |                         | Check                     | if PTIN                         |          |
|      | a<br>oare | r               |                                     |                           |              |  |                                  |                                   |                              |                         | self-employ               |                                 |          |
|      | Only      |                 | ne 🕨                                |                           |              |  |                                  |                                   |                              |                         | Firm's EIN                | <b>&gt;</b>                     |          |
|      |           | Firm's add      |                                     |                           |              |  |                                  | _                                 |                              |                         | Phone no.                 |                                 |          |
| Send | Form 8    | 8937 (includi   | ng accompa                          | anying st                 | atements)    | to: Department of                              | the Treasury                     | , Internal Rev                    | enue Ser                     | vice, Ogo               | len, UT 842               | 201-0054                        |          |

Ashmore Emerging Markets Short Duration Fund

Employer Identification Number: 61-1738925

Organizational Action Affecting Cost Basis: Return of Capital Distribution

The Fund has determined that a portion of the distributions listed below and paid during the Fund's fiscal year ended October 31, 2015 is classified as a Non-dividend distribution commonly referred to as a non-taxable return of capital, (ROC).

| Month   | Payable Date | Distribution Per<br>Share | ROC%  | Non-Dividend<br>Distribution<br>Per Share |  |  |  |  |  |  |
|---|--------------|---------------------------|-------|---|--|--|--|--|--|--|
| Institutional Class Shares CUSIP 044820694 , Ticker ESFIX |              |                           |       |   |  |  |  |  |  |  |
| October   | 10/27/2015   | 0.073911                  | 9.85% | 0.007280                                  |  |  |  |  |  |  |

| Class A Shares CUSIP 044820728 , Ticker ESFCX |            |          |       |          |  |  |  |  |
|---|------------|----------|-------|----------|--|--|--|--|
| October                                       | 10/27/2015 | 0.073194 | 9.85% | 0.007210 |  |  |  |  |