

# Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-2224

► See separate instructions.

## Part I Reporting Issuer

1 Issuer's name <b>SOUTHERN UTAH BANCORPORATION</b>		2 Issuer's employer identification number (EIN) <b>87-0524538</b>	
3 Name of contact for additional information <b>David Eberhard</b>	4 Telephone No. of contact <b>435-865-2300</b>	5 Email address of contact <b>deberhard@sbsu.com</b>	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact <b>377 N Main</b>		7 City, town, or post office, state, and Zip code of contact <b>Cedar City, UT 84721</b>	
8 Date of action <b>April 1, 2015</b>		9 Classification and description <b>Two-for-one stock split</b>	
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)

## Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ► **The company's board of directors authorized a two-for-one stock split on January 13, 2015, to take effect on April 1, 2015. Each shareholder of record on March 31, 2015 received one additional share of common stock for each share held on that date.**

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ► **The tax basis for each original pre-split share was allocated evenly among the original shares and the new shares. Thus, after the split, the tax basis for the original shares and for each of the new shares distributed on the original shares is equal to ONE-HALF of the pre-split basis of the original share.**

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ► **N/A**

**Part II Organizational Action** (continued)

**17** List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ► N/A

**18** Can any resulting loss be recognized? ► N/A

**19** Provide any other information necessary to implement the adjustment, such as the reportable tax year ► N/A

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature ►

*David Eberhard*

Date ►

*4/15/2015*

Print your name ► **David Eberhard**

Title ► **Secretary**

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if  
self-employed

PTIN

Firm's name ►

Firm's EIN ►

Firm's address ►

Phone no.

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054