### Part I Reporting Issuer

1. **Issuer’s name**
   - PowerShares New York AMT-Free Municipal Bond Portfolio

2. **Issuer’s employer identification number (EIN)**
   - 37-1548900

3. **Name of contact for additional information**
   - POWERSHARES CLIENT SERVICES

4. **Telephone No. of contact**
   - 800-983-0903

5. **Email address of contact**
   - INFO@POWERSHARES.COM

6. **Number and street (or P.O. box if mail is not delivered to street address) of contact**
   - 3500 LACEY ROAD, SUITE 700

7. **City, town, or post office, state, and Zip code of contact**
   - DOWNERS GROVE, IL 60515

8. **Date of action**

9. **Classification and description**
   - COMMON STOCK

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 Fund paid a monthly distribution to shareholders during 2015.**

   **A portion of each distribution constitutes a non-taxable return of capital. - See attachment.**

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 portion of each distribution that constitutes a non-taxable return of capital will decrease a U.S. taxpayer’s basis in the shares of the issuer. For non-taxable return of capital see attachment.**

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**
   - **The Fund’s current and accumulated earnings were compared to the distributions paid during the period ended October 2015. The non-taxable return of capital represents the amount of distributions paid during the taxable period ended October 31, 2015 in excess of the Fund’s current and accumulated earnings and profits under IRC Section 316.**

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For Paperwork Reduction Act Notice, see the separate Instructions.
Part II  Organizational Action (continued)

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

Internal Revenue Code Sections 301, 316, 852.

18 Can any resulting loss be recognized? ► No

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

This organizational action is reportable with respect to calendar year 2015.

Signature ► S/ STEVEN M. HILL  Date ► 01/15/2016

A signed copy is maintained by the issuer.

TREASURER

Paid Preparer Use Only
Print/Type preparer’s name
Preparer’s signature
Date
Check □ if self-employed
PTIN
Firm’s name ►
Firm’s address ►
Firm’s EIN ►
Phone no.

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054
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<th>CUSIP</th>
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<th>Payable Date</th>
<th>Distribution Per Share</th>
<th>Income Dividends</th>
<th>Short-Term Capital Gains</th>
<th>Total Ordinary Dividends</th>
<th>Long-Term Capital Gains</th>
<th>Nondividend Distribution</th>
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