

Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

► See separate instructions.

Part I Reporting Issuer

1 Issuer's name Oregon Tool, Inc.		2 Issuer's employer identification number (EIN) 63-0593908	
3 Name of contact for additional information Terry Hames	4 Telephone No. of contact 503-653-4526	5 Email address of contact terry.hames@oregontool.com	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact 360 North Crescent Drive, South Building		7 City, town, or post office, state, and ZIP code of contact Beverly Hills, CA 90210	
8 Date of action March 31, 2025		9 Classification and description See attachment	
10 CUSIP number See attachment	11 Serial number(s) n/a	12 Ticker symbol n/a	13 Account number(s) n/a

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 ► **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 ► **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 ► **See attachment**

Part II Organizational Action *(continued)*17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ **See attachment**18 Can any resulting loss be recognized? ▶ **See attachment**19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ **See attachment****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 ▶



Date ▶

5/23/2025

Print your name ▶ **Terry Hames**Title ▶ **CEO****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