

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 354, 358, and 368.

18 Can any resulting loss be recognized? ► **Generally no loss should be recognized with this organizational action.**

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

The reportable taxable year is 2024.

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 ► /s/ Heather Bonnell Date ► July 1, 2024

Print your name ► /s/ Heather Bonnell Title ► Assistant Treasurer

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no.			

Statement 1

Allspring Moderate Balanced Fund

Form 8937

Date of Action: 2/23/24

Issuer's employer identification number: 13-3775145

Part I, Items #10 and #12 and Part II, Items #15 and #16

<u>Share Class</u>	<u>Cusip number</u>	<u>Ticker Symbol</u>	Exchange <u>Ratio</u>
A	94975J425	WFMAX	1.68339639
Admin	94975H106	NVMBX	1.70515012
C	94975J391	WFBCX	1.59728184
I	94988V373	WFMYX	1.70869808