## **FINAL**

## Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-2224

| 635309107  Part II Organizational Act 14 Describe the organizational action   | 9 Classification ar  COMMON STOCK I number(s) 12 Ticke  NCMI  On Attach additional statemer in and, if applicable, the date of th  MEDIA, INC. PAYS A QUARTERL   | ess) of contact  and description  er symbol  ants if needed. See e action or the date               | TOM.MORRISON® 7 City, town, or pos CENTENNIAL, CO  13 Account numb e back of form for addit a against which sharehold R 2016 THE DATES OF F | er(s)  tional questions.  lers' ownership is measured for RECORD FOR THE DIVIDENDS   |
|---|--|---|---|--|
| NATIONAL CINEMEDIA, INC.  3 Name of contact for additional info  TOM MORRISON  6 Number and street (or P.O. box if info  9110 EAST NICHOLS AVENUE, SUIT  8 Date of action  2016 - SEE LINE 14  10 CUSIP number  | 303-79 mail is not delivered to street address  E 200  9 Classification ar  COMMON STOCK  I number(s)  12 Ticke  NCMI  On Attach additional statemer in and, if applicable, the date of the  MEDIA, INC. PAYS A QUARTERL | ess) of contact  and description  er symbol  ants if needed. See e action or the date               | TOM.MORRISON® 7 City, town, or pos CENTENNIAL, CO  13 Account numb e back of form for addit a against which sharehold R 2016 THE DATES OF F | 20-5665602 of contact  NCM.COM t office, state, and Zip code of contact  80112-3405  er(s)  tional questions. lers' ownership is measured for RECORD FOR THE DIVIDENDS |
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| 14 Describe the organizational action the action ► NATIONAL CINEMARE MARCH 10, 2016, MAY 19, 2016   | n and, if applicable, the date of th<br>//EDIA, INC. PAYS A QUARTERL   | e action or the date<br>Y DIVIDEND. FOR   | e against which sharehold<br>R 2016 THE DATES OF F  | lers' ownership is measured for<br>RECORD FOR THE DIVIDENDS  |
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| ARE MARCH 10, 2016, MAY 19, 2016  |  |   |   |  |
| ARE MARCH 10, 2016, MAY 19, 2016  |  |   |   |  |
|   | , AUGUST 25, 2016, AND NOVEN   | VIDER 18, 2010. II  | TE DIVIDEND AMOUNT  | IS \$0.22/SHARE FOR EACH   |
| PAYMENT.  |  |   |   |  |
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| 15 Describe the quantitative effect of  | of the organizational action on the  | basis of the securit  | y in the hands of a U.S. t  | axpayer as an adjustment per   |
| share or as a percentage of old l   | pasis ► 2007-2016 HISTORICAL I   | PERCENTAGES A   | RE LISTED BELOW   |  |
| ·   | 2007 2010 1113 101110112 1   | EROENTAGESA   | ILL LISTED BELOW.   |  |
| TAVVEAD TAVABLE BUILDEND  | NON TAVABLE BIOTRIBUTION   | TAVVEAD   | TAVADI E DIVIDEND   | NON TAVABLE BIOTRIBUTION   |
| TAX YEAR TAXABLE DIVIDEND   | NON-TAXABLE DISTRIBUTION   |   | TAXABLE DIVIDEND  | NON-TAXABLE DISTRIBUTION   |
| 2007 80.01%   | 19.99%   | 2015  | 0.00%   | 100.00%  |
| 2008 27.64%   | 72.36%   | 2016  | 0.00%   | 100.00%  |
| 2009 21.69%   | 78.31%   |   |   |  |
| 2010 33.45%   | 66.55%   |   |   |  |
| 2011 33.86%   | 66.14%   |   |   |  |
|   |  |   |   |  |
|   | 100.00%  |   |   |  |
| 2013 31.12%   | 68.88%   |   |   |  |
| 2014 0.00%  | 100.00%  |   |   |  |

| Part I        |        | Organizational Action (continued)   |   |                       |                             |
|---------------|--------|---|---|-----------------------|-----------------------------|
| <b>17</b> Lis |        | applicable Internal Revenue Code section(   | (s) and subsection(s) upon which the ta | ax treatment is based | •                           |
| IRC 301       | (c)(2) | AND IRC 301(c)(3)   |   |                       |                             |
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| <b>18</b> Ca  | an anv | resulting loss be recognized? ► THE TA  | AX TREATMENT OF THE NON-TAXAR           | BLE DISTRIBUTION N    | IFEDS TO BE DETERMINED      |
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| DT L/10       |        | THE THE PER IN CONSIDER THE WITH  | ment manual.                            |                       |                             |
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| <b>19</b> Pr  | ovide  | any other information necessary to implen   | nent the adjustment, such as the repor  | table tax year ▶      |                             |
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| Sian          |        | r penalties of perjury, I declare that I have exam<br>it is true, correct, and complete. Declaration of |   |                       |                             |
| Sign<br>Here  | Signa  | ture ▶  |   | Date ►                |                             |
|               | oigria |   |   | Date F                |                             |
|               | Print  | your name ►   |   | Title ►               |                             |
| Paid          |        | Print/Type preparer's name  | Preparer's signature                    | Date                  | Check if self-employed PTIN |
| Prepa         |        | Firm's name ▶   |   |                       | Firm's EIN ▶                |
| Use C         | rilly  | Firm's address ►  |   |                       | Phone no.                   |

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