Form **8937**

(December 2017)
Department of the Treasury
Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Part I Reporting	Issuer					
1 Issuer's name		2 Issuer's employer identification number (EIN)				
Safeguard Scientifics, Inc.		23-1609753				
3 Name of contact for add		4 Telephon	e No. of contact	5 Email address of contact		
		·				
Mark Herndon			610-975-4913	mherndon@safeguard.com		
6 Number and street (or F	O. box if mail is not	delivered to	street address) of contact	7 City, town, or post office, state, and ZIP code of contact		
One Radnor Center; Suite	110; 100 Matsonford			Radnor, PA 19087		
8 Date of action		9 Class	ification and description			
12/22/2010			and the state of t			
12/23/2019 10 CUSIP number	11 Serial number(s		12 Ticker symbol	13 Account number(s)		
TO GOOD HAMBON	- Conditionio	-,	TE Hotor dymbol	7 GOODIN NUMBER(3)		
786449207	n/a		SFE	n/a		
Part II Organization	onal Action Attac	h additional	statements if needed. See	back of form for additional questions.		
				against which shareholders' ownership is measured for		
the action ► The Co	mpany completed a	distribution	to shareholders of record on	December 23, 2019 and payable on		
December 30, 2019.						
15 Describe the quantitat	ive effect of the organ	nizational acti	on on the basis of the security	in the hands of a U.S. taxpayer as an adjustment per		
share or as a percenta	ge of old basis ► Th	e distribution	n constitutes a 100% non-tax	able return of capital, which will decrease		
a U.S. taxpayer's basis in t			TOURS DE LOUIS HOUSE LOUIS	able return of dupital, willow will decircuse		
	-			on, such as the market values of securities and the		
				ny's current and accumulated earnings and profits		
			turn of capital represents the	portion of the distribution paid in excess of the		
Company's current and acc	umulated earnings	and profits.				
						

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Part II	C	Organizational Action (continued	1)		
17 Lis	t the a	pplicable Internal Revenue Code section	n(s) and subsection(s) upon which	ch the tax treatment is t	pased >
IRC Sec	tions 3	301 (c) and 316 (a)			
-					
					1
40 0-		tica lass be recognized? b. Bla			
1 8 Ca	an any	resulting loss be recognized? ► No			
19 Pr	ovide	any other information necessary to impl	ement the adjustment, such as t	he reportable tax year I	
The dist	tributi	on occurred during the 2019 tax year			
			-		
	I., .	B. C		nonvina a-b-Jul ·	staments, and to the heat of reviewed
	Under	r penalties of perjury, I declare that I have ex , it is true, correct, and complete. Declaration	carnined this return, including accom- of preparer (either than officer) is bas	pariying schedules and street on all information of wh	atements, and to the best of my knowledge and nich preparer has any knowledge.
0:	Donor	11 10 11 20, 0011 001, 2110			, , ,
Sign		61/2 //			1/- /
Here	Signa	ture V		Date >	1/2/2020
	Print	your name ► Mark A. Herndon			VP & Chief Financial Officer
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepa	rer				self-employed
Use C		Firm's name ▶		· · ·	Firm's EIN ▶
036 (-iiiy	Firm's address ▶			Phone no.
Send Fo	orm 89	37 (including accompanying statements	s) to: Department of the Treasury	, Internal Revenue Sen	vice, Ogden, UT 84201-0054