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 Reportin	ng Issuer			
1 Issuer's name			2 Issuer's employer ide	entification number (EIN)
I I DEDMY MEDI	A CORPORATION		37-1699499	
	or additional information	4 Telephone No. of contact	5 Email address of conta	act
		·		
INVESTOR REL	ATIONS	877-772-1518	INVESTOR@LIBE	ERTYMEDIA.COM
		delivered to street address) of contact	7 City, town, or post office,	state, and ZIP code of contact
12300 LIBERT	Y BLVD		ENGLEWOOD, CO	80112
8 Date of action		9 Classification and description	n	
2000			= collitory amaggr	
8/3/23	11 Serial num	RECAPITALIZATION Conber(s) 12 Ticker symbol	13 Account number(s)	
0 CUSIP number 531229 854	TT Seliai liuli	' '	/ / / / / / / / / / / / / / / / / / /	
531229 755 531229 722		OLD FWONK; NEW FWONK;I	IVVV	
	ational Action Attach		See back of form for additional ques	stions.
			e date against which shareholders' ow	
1 Describe the org	janizational action and, it i N. Aligiist 3 - 202	3. LIBERTY MEDIA CORPO	RATION ("LMC") RECAPITA	ALIZED ITS
The action YISTING COMM	ION STOCK (THE "	RECLASSIFICATION"). I	N THE RECLASSIFICATION	, EACH ISSUED
			RMULA ONE COMMON STOCK	
AS RECLASSIF	TED AND EXCHANG	ED FOR 1 SHARE OF LMC'	S NEW SERIES C LIBERTY	FORMULA ONE
			F LMC'S NEW SERIES C L	
			FRACTIONAL SHARES OF L	
5 Describe the qua	antitative effect of the ord	anizational action on the basis of the	security in the hands of a U.S. taxpaye	er as an adjustment per
share or as a ne	ercentage of old basis	THE TAX BASIS OF EACH	SHARE OF OLD FWONK HELD	IMMEDIATELY
PRIOR TO THE	RECLASSIFICATION	N SHOULD BE ALLOCATED	98.0089% TO THE 1 NEW	FWONK SHARE AND
.9911% TO TH	E 0.0428 FRACTI	ON OF THE LLYVK SHARE	RECEIVED IN EXCHANGE F	OR SUCH SHARE
		Y PRIOR TO THE RECLASS		
			calculation, such as the market value	
valuation dates	AVERAGE PRICE	* DATE SHARE		PERCENT
NEW FWONK	\$72.295	8/4/23 100.0		98.0089%
LYVK	\$34.315	8/4/23 4.2	\$ 146.8682	1.9911%
	HIGH AND LOW BAS	SED		
ON FIRST DAY	OF TRADING.			

Part II Or	ganizational	Action	(continued)

17 List the	applicable Internal Revenue Code	section(s) and subsection(s) upon whice	ch the tax treatment is based	
THE RECL	ASSIFICATION IS INTE	NDED TO QUALIFY AS A T	AX-FREE REORGANI	ZATION UNDER IRC
		CORDINGLY, HOLDERS OF		
		THE RECLASSIFICATION,		
RECEIVED	IN LIEU OF FRACTION	AL SHARES. UNDER IRC	SECTION 358, THE	AGGREGATE BASIS
OF THE N	IEW FWONK AND LLYVK S	HARES RECEIVED BY A HO	LDER IN THE RECL	ASSIFICATION
		ARE OF LLYVK THAT IS D		
SHOULD B	BE THE SAME AS THE HO	LDER'S AGGREGATE BASIS	IN THE OLD FWON	IK SHARES THAT WERE
EXCHANGE	D THEREFOR.			
18 Can an	v resulting loss be recognized?	IF A HOLDER RECEIVED C	ASH IN LIEU OF A	A FRACTIONAL SHARE
OF LLYVK	(IN THE RECLASSIFICA	<u> TION, A HOLDER COULD R</u>	<u>ECOGNIZE A LOSS,</u>	SUBJECT TO CERTAIN
LIMITATI	ONS, TO THE EXTENT T	HE TAX BASIS ALLOCATED	TO SUCH FRACTIO	NAL SHARE EXCEEDS
THE CASH	RECEIVED BY THE HOL	DER AS A RESULT OF THE	DISPOSITION OF	SUCH FRACTIONAL
SHARE.	OTHERWISE, NO LOSS M	AY BE RECONGIZED.		
		in the adjustment such as the	a rapartable toy year b	
19 Provide	any other information necessary to .asstrtctation was e.F.	implement the adjustment, such as th FECTIVE ON AUGUST 3, 2	023. THEREFORE.	AN ADJUSTMENT TO
		COUNT IN THE SHAREHOLD		
		R FOR CALENDAR YEAR TA		
2023 (11.	0., 1111 2023 1111 1221			
Un	nder penalties of perjury, I declare that I	have examined this return, including accon aration of preparer (other than officer) is base	npanying schedules and statem ed on all information of which p	ents, and to the best of my knowledge and reparer has any knowledge.
	mel, it is true, correct, and complete. Decid	gration of proparer (ether than emeer, to base	50 01 di ili	
Sign Here	1 11	,		
	gnature		Date > <u>8/8</u>	/23
Pri	int your name > TY KEARNS			IOR VICE PRESIDENT
Deid	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Paid Preparer				self-employed
Use Only	Firm's name			Firm's EIN >
	Firm's address		1. 10 0 12	Phone no.
Send Form 8	937 (including accompanying states	ments) to: Department of the Treasury	, Internal Hevenue Service, C	ogaen, UT 84201-0054