Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-2224

Department of t				► See separate instruct	ions.				
Part I	Reporting	a Issuer							
1 Issuer's		,				2 Issuer's employer ide	ntification number (EIN)		
Sentinel Lov	w Duration E	ond Fund		XX-XXXXXX					
3 Name of	f contact for a	additional information	4 Telephon	Telephone No. of contact		5 Email address of contact	t		
	Investment			I-CONTACT@TOUCHSTO	ONEINVESTMENTS.COM				
6 Number	and street (o	r P.O. box if mail is not	ıct	7 City, town, or post office, state, and Zip code of contact					
P.O. Box 98				Providence, RI 02940-8078					
8 Date of action 9 Classification and description									
10/07/0017									
10/27/2017 10 CUSIP r	numbor	11 Serial number		12 Ticker symbol		gle mutual fund/regulatedAccount number(s)	investment company		
10 00011 1	iuiiibei	TT Serial Humber	(3)	12 Hicker Symbol	'	• Account number(s)			
Soo Dar	rt II below.			See Part II below.					
Part II		tional Action Attac	ch additiona		ed. See back	of form for additional of	uestions		
						st which shareholders' owr	-		
	_				_	d that the Sentinel Low D			
						and net investment incom			
distributed	return or eac	ntai 01 \$132,231 to 311	archolders in	CACC33 OF accumulate	ca carriings t	ind net investment incom	10.		
15 Descri	be the quanti	tative effect of the orga	anizational act	tion on the basis of the	security in the	hands of a U.S. taxpayer	as an adjustment per		
						re class and impact per s			
						er IRS Forms 1099-DIV is			
CUSIP	NASDAQ S		Fund Nar		Total Amo		thly Per Share Amount		
817270853	SSIG			Bond Fund Class A	\$44,39		\$0.000409		
817270317	SSBE			Bond Fund Class 1	12,07		0.000522		
817270499	SSSC			Bond Fund Class S	95,76		0.000396		
16 Descri	be the calcul	ation of the change in b	pasis and the	data that supports the o	calculation, su	ich as the market values o	f securities and the		
		-		• • •		re class by the proportion			
						October 27, 2017. The per			
						al for each share class d			
						inally, the monthly per sl			
				•		are for the entire year div			
distribution		,		and an area and another the	por or		, salay to morning		

Part	[[]	Organizational Action (continued)			
17 L	ist the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	eatment is based >	316(b)(4) Certain
Distrib	utions	By Regulated Investment Companies in	Excess of Earnings and Profits		
40 0					
18 C	an any	resulting loss be recognized? ► N/A			
19 P	rovide	any other information necessary to implen	nent the adjustment, such as the reportable	e tax year ► N/A	
	T				
	Unde	r penalties of perjury, I declare that I have exam , it is true, correct, and complete. Declaration of	lined this return, including accompanying sched preparer (other than officer) is based on all infor	lules and statements, mation of which prepa	and to the best of my knowledge an rer has any knowledge.
Sign					
Here	Signs	uture ▶	Date ►		
	Joigilio				
	Print	your name ► A signed copy is maintained	I by the issuer.	Title ►	
Paid	•	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepa	arer				self-employed
Use (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