Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-2224

Department of the Treasury Internal Revenue Service			► See separate instruction	ons.				
Part I Reportin	a Issuer							
1 Issuer's name	3			2	! Issuer's employer ide	entification number (EIN)		
Sentinel Total Return B	ond Fund							
3 Name of contact for	additional information	4 Telephon	e No. of contact	5	Email address of conta	act		
Sentinel Investor Services 800-282-3863					service@sentinelinvestments.com			
6 Number and street (or P.O. box if mail is not	ct 7	7 City, town, or post office, state, and Zip code of contact					
One National Life Drive 8 Date of action			ontpelier, VT 05604					
• Date of action		9 Class	sification and description	ı				
11/30/2015		Multiple	classes of charge issu	and hy a singl	a mutual fund/ragulata	d investment company		
10 CUSIP number	11 Serial number		12 Ticker symbol		Account number(s)	d investment company		
		(-)			(-)			
See Part II below.			See Part II below.					
Part II Organiza	ational Action Atta	ch additiona	statements if needed	d. See back	of form for additional	questions.		
14 Describe the organ	nizational action and, if	applicable, the	e date of the action or the	e date against	which shareholders' ov	nership is measured for		
the action ► Follo	owing the fiscal year e	nding Nover	nber 30, 2015, it was de	etermined tha	t the Sentinel Total Ret	urn Bond Fund had		
distributed return of ca	pital of \$77,444 to sha	reholders in e	excess of accumulated	l earnings and	d net investment incom	ne.		
			tion on the basis of the s					
						share being applied to		
each monthly dividend								
CUSIP NASDAQ		Fund Nar		Total Amou		nthly Per Share Amount		
817270358 SATE			Bond Fund Class A	\$24,847	0.46%	\$0.000080		
817270341 SCTF			Bond Fund Class C	2,482	0.46%	0.000046		
817270333 SITE			Bond Fund Class I	50,038	0.46%	0.000087		
817270275 SBRI			Bond Fund Class R3	37	0.46%	0.000080		
817270234 STRF	xx Sentinei i	otal Return E	Bond Fund Class R6	40	0.46%	0.000087		
16 Describe the colour	lation of the change in l	again and the	data that augments the a	alculation au	oh oo tho market values	of accurition and the		
	-		data that supports the ca					
			77,444 was allocated to					
each share class divide	a by the total dividend					percentage of dividend		
all a tuile, at a sandal a come a al m	Account the Control of the Control o					altribute al lacribute a dedad		
distributions deemed re								
dividend distributions	oaid by the share class	s for the fisca	ıl year ending Novembe	er 30, 2015. F	inally, the monthly per	share amount was		
dividend distributions parallel calculated by taking the	oaid by the share class	s for the fisca	ıl year ending Novembe	er 30, 2015. F	inally, the monthly per	share amount was		
dividend distributions	oaid by the share class	s for the fisca	ıl year ending Novembe	er 30, 2015. F	inally, the monthly per	share amount was		
dividend distributions parallel calculated by taking the	oaid by the share class	s for the fisca	ıl year ending Novembe	er 30, 2015. F	inally, the monthly per	share amount was		
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dividend distributions parallel calculated by taking the	oaid by the share class	s for the fisca	ıl year ending Novembe	er 30, 2015. F	inally, the monthly per	share amount was		

Pai	t II	Organizational Action (continued)				
17			n(s) and subsection(s) upon which the tax tre	eatment	is based ▶	316(b)(4) Certain
Distr	ibution	s By Regulated Investment Companies i	n Excess of Earnings and Profits			
18	Can a	y resulting loss be recognized? ► N/A				
19	Provid	e any other information necessary to imple	ment the adjustment, such as the reportable	e tax ye	ar ► N/A	
	Und beli	er penalties of perjury, I declare that I have exar of, it is true, correct, and complete. Declaration o	mined this return, including accompanying sched f preparer (other than officer) is based on all inforr	ules and nation of	statements, which prepa	and to the best of my knowledge an irer has any knowledge.
Sigr						
Her	e Sigi	ature ▶		Date ►		
						_
		t your name ► Scott G. Wheeler Print/Type preparer's name	Preparer's signature	Title ► Date	Assistant	PTIN
Paid Pre	d parei		i iopulai o oigilature	Date		Check if self-employed
	Only					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