

# Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

See separate instructions.

## Part I Reporting Issuer

|                                                                                                                                    |                                                       |                                                                                                          |                                    |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>1</b> Issuer's name<br>Russell Investments Short Term Income Class                                                              |                                                       | <b>2</b> Issuer's employer identification number (EIN)<br>FOREIGNUS                                      |                                    |
| <b>3</b> Name of contact for additional information<br>CORBIN TSEN                                                                 | <b>4</b> Telephone No. of contact<br>(416) 640 - 6196 | <b>5</b> Email address of contact<br>ctsen@russellinvestments.com                                        |                                    |
| <b>6</b> Number and street (or P.O. box if mail is not delivered to street address) of contact<br>100 KING STREET WEST, SUITE 5715 |                                                       | <b>7</b> City, town, or post office, state, and ZIP code of contact<br>TORONTO, ONTARIO, CANADA, M5X 1E4 |                                    |
| <b>8</b> Date of action<br>SEE BELOW                                                                                               |                                                       | <b>9</b> Classification and description<br>PAID A "RETURN OF CAPITAL" DISTRIBUTION                       |                                    |
| <b>10</b> CUSIP number<br>N/A                                                                                                      | <b>11</b> Serial number(s)<br>N/A                     | <b>12</b> Ticker symbol<br>N/A                                                                           | <b>13</b> Account number(s)<br>N/A |

## Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

**14** Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action RETURN OF CAPITAL AS PART OF DISTRIBUTIONS THAT OCCURRED THROUGHOUT THE 2025 TAXABLE YEAR

**15** Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis THE ADJUSTMENT TO A UNITHOLDER'S COST BASIS IS AS FOLLOWS:  
Series B 0.22940864 PER UNIT, Series E 0.23909345 PER UNIT, Series F 0.24451004 PER UNIT, Series USD Hedged B 0.22024694 PER UNIT,  
Series USD Hedged F 0.22410848 PER UNIT

**16** Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates N/A

The information contained herein is being provided pursuant to the requirements of Section 6045B of the Internal Revenue Code of 1986, as amended. The information in this document does not constitute tax advice and should not be construed to take into account any shareholder's specific circumstances. Holders and nominees should consult their own tax advisors regarding the particular tax consequences of the organizational action (as described in this document) to them, including the applicability and effect of all U.S. federal, state, and local and foreign tax laws.

**Part II** **Organizational Action** *(continued)*

**17** List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based \_\_\_\_\_  
 IRC SECTIONS 301(c)(2), 312 AND 316

**18** Can any resulting loss be recognized? N/A

**19** Provide any other information necessary to implement the adjustment, such as the reportable tax year N/A

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print your name \_\_\_\_\_ Title \_\_\_\_\_

**Paid  
Preparer  
Use Only**

|                            |                      |      |                                                 |      |
|----------------------------|----------------------|------|-------------------------------------------------|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| 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