► See separate instructions.

Pa	ari Reporting	Issuer						
1	Issuer's name			2 Issuer's employer identification number (EIN)				
	Sentry Resource Opportunities Class (B)					N/A		
3	Name of contact for ad	ditional information	4 Telephon	Telephone No. of contact		5 Email address of contact		
	Duarte Boucinha			416-681-1752		dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not 2 Queen Street East, 20th Floor			delivered to street address) of contact			7 City, town, or post office, state, and ZIP code of contact		
						Toronto, Ontario, M5C 3G7		
8	Date of action		9 Classification and description					
	Tax Year 2019		Non-taxable distr		distribu	ribution		
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	1	13 Account number(s)		
	N/A	N/A		N/A		N/A		
Pa					See back			
 Part II Organizational Action Attach additional statements if needed. See back of form for additional questions. Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for 								
	the action ►				-	throughout the 2019 taxation year.		
						n of capital that occurred throughout		
		the 2019 tax		t unit information of th	ne retur	in or capital that occurred throughout		
			abie jean					
15	Describe the quantitative affect of the exercitational action on the basis of the essurity					a hands of a LLS, taxnaver as an adjustment per		
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 adjustr								
share or as a percentage of old basis ► 0.05536 per unit								
16	Describe the calculati	on of the change in ba	asis and the	data that supports the calcu	ulation, si	uch as the market values of securities and the		
	valuation dates >	N/A			ululion, et			
		14/11						

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Pa	rt II	Drganizational Action (continued)						
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax to	reatment is based	IRC section 301(c)(2),				
				312 and 316				
		/-						
18	Can an	resulting loss be recognized? ► N/A						
19	Provide	any other information necessary to implement the adjustment, such as the reportab	le tax year ►	N/A				
	Unde	r penalties of perjury, I declare that I have examined this return, including accompanying scher it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	dules and statements mation of which prepa	, and to the best of my knowledge and				
Sigr			mation of which prope	are has any knowledge.				
Her	<u> </u>	ture V	Date ► Mar 31, 2019					
	Print	your name ► Darie Urbanky		and Chief Operating Officer				
Paie Pre	d parer	Print/Type preparer's name Preparer's signature	Date	Check if self-employed				
	e Only	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