## 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 Reporting Issuer				
1 Issuer's name				2 Issuer's employer identification number (EIN)
Guggenheim Funds Trust - Guggen	hoim Smid	26-2008262		
3 Name of contact for additional inf		5 Email address of contact		
Glenn McWhinnie	312-357-0356		glenn.mcwhinnie@guggenheiminvestments.com	
6 Number and street (or P.O. box if	mail is not o	7 City, town, or post office, state, and ZIP code of contact		
227 West Monroe Street, 7th Floor				Chicago, IL 60606
8 Date of action		9 Clas	sification and description	
1/15/2020		Duist a II	Data and Complete Hill Directly All All	
	al number(s)		Return of Capital" Distribution  12 Ticker symbol	13 Account number(s)
				To Trooper Hamber (6)
40168W830			SVUIX	
	ion Attach	n additiona		e back of form for additional questions.
				against which shareholders' ownership is measured for
				nal Fund paid a total distribution per share of .341231
<u>ouggermenn i ui</u>				
				Trust - Guggenheim Smid Cap Value Fund in a
				mptions, we expect approximately 10.60% of the total
distribution made on December 19,	2019 will co	onsist of a	non-taxable return of capital	distribution.
Pursuant to the applicable Treasury	Regulation	s under 60	45B, if this assumption turns	s out to be incorrect, we will file a corrected form 8937
within 45 days after such determina				
				y in the hands of a U.S. taxpayer as an adjustment per
share or as a percentage of old	basis ► The	above act	ion will reduce the basis of t	he shareholder's security.
	-			
				tion, such as the market values of securities and the
valuation dates ► The calculation	on of the ch	nange in ba	sis relates to the estimate of	current earnings and profits for the final tax year of
Guggenheim Funds Trust - Guggenl				
	Tomir Grinia	oup voido	motivational Fund.	

Part	Ш	Organizational Action (continued	d)		
<b>17</b> Li	st the	applicable Internal Revenue Code sectio	n(s) and subsection(s) upon whic	h the tax treatment is based ▶	IRC Sections §301 & §316
18 C	an any	resulting loss be recognized? ► N/A			
_					
<b>19</b> Pi	rovide	any other information necessary to imple	ement the adjustment, such as the	e reportable tax year N/A	
	01.00	any out of morniagon necessary to impro	smort trio dajastmont, suoir de tri	o reportuble tax year P M/A	
_					
	Unde	r penalties of perjury, I declare that I have exa	amined this return, including accompa	inying schedules and statements,	and to the best of my knowledge and
	belief	, it is true, correct, and complete. Declaration of		on all information of which prepar	er has any knowledge.
Sign		Men Miller	•	. 1	1 1_
Here	Signa	ture Dlen / h V ku		Date▶	15 2020
	Print	your name ► Glenn McWhinnie		Title ► Assistant	Treasurer
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
	ror				self-employed
Prepa Use C		Firm's name ▶			Firm's EIN ▶
U36 (	rilly	Firm's address ▶			Phone no.
Send Fo	rm 89	37 (including accompanying statements)	to: Department of the Treasury,		