Consulting Group Capital Markets Funds - Core Fixed Income Fund 51-0336204

1 Issuer's name
CONSULTING GROUP CAPITAL MARKETS FUNDS - CORE FIXED INCOME FUND

2 Issuer's employer identification number (EIN)
50-1545-0123

3 Name of contact for additional information
MICHAEL CONKLIN

4 Telephone No. of contact
312-706-4706

5 Email address of contact
MSIPTAX.REQ@MORGANSTANLEY.COM

6 Number and street (or P.O. box if mail is not delivered to street address) of contact
C/O MORGAN STANLEY TAX 440 SOUTH LASALLE STREET 39TH FLOOR

7 City, town, or post office, state, and ZIP code of contact
CHICAGO, IL 60605

8 Date of action
9 Classification and description
COMMON STOCK

SEE ITEM 14 BELOW

10 CUSIP number
210474201

11 Serial number(s)
N/A

12 Ticker symbol
TIIX

13 Account number(s)
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
THE ISSUER PAID MONTHLY DISTRIBUTIONS TO COMMON STOCK SHAREHOLDERS DURING FISCAL YEAR-END AUGUST 31, 2018. ALL OR PART OF SUCH DISTRIBUTIONS CONSTITUTE A NON-TAXABLE RETURN OF CAPITAL.

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 QUANTITATIVE EFFECT OF THE DISTRIBUTION REPORTED AS A RETURN OF CAPITAL ON A PER SHARE BASIS ARE SET FORTH IN THE TABLE BELOW:

<table>
<thead>
<tr>
<th>RECORD DATE</th>
<th>PAYMENT DATE</th>
<th>TOTAL DIVIDEND</th>
<th>RETURN OF CAPITAL</th>
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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
SEE #15 ABOVE
17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based: DISTRIBUTIONS TO SHAREHOLDERS WERE REPORTED AS TAXABLE DIVIDENDS TO THE EXTENT OF THE CORPORATION'S EARNINGS AND PROFITS IN ACCORDANCE WITH SECTION 315. TO THE EXTENT DISTRIBUTIONS EXCEEDED CURRENT AND ACCUMULATED EARNINGS AND PROFITS UNDER SECTION 312, SHAREHOLDERS MUST APPLY THE RULES OF SECTION 301(C) TO DETERMINE IF THE DISTRIBUTIONS ARE A NON-TAXABLE RETURN OF BASIS UNDER 301(C)(2), OR CAPITAL GAIN UNDER SECTION 301(C)(3).

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: THE REPORTABLE TAX YEAR IS FISCAL YEAR ENDING AUGUST 31, 2018

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.

Sign Here

Signature: [Signature]
Date: 03/01/2019

Print your name: MICHAEL CONKLIN
Title: ASSISTANT TREASURER

Paid Preparer Use Only

Print/Type preparer's name: MICHAEL CONKLIN
Preparer's signature: [Signature]
Date: 03/01/2019
Check [ ] if self-employed

Firm's name: [Firm's name]
Firm's address: [Firm's address]
Firm's EIN: [Firm's EIN]
Phone no.: [Phone no.]

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054
Report of Organizational Actions Affecting Basis of Securities

Part I Reporting Issuer

1. Issuer's name: CONSULTING GROUP CAPITAL MARKETS FUNDS - CORE FIXED INCOME FUND
2. Issuer's employer identification number (EIN): 51-0336204
3. Name of contact for additional information: MICHAEL CONKLIN
4. Telephone No. of contact: 312-706-4706
5. Email address of contact: MSIPTAX.REO@MORGANSTANLEY.COM
6. Number and street (or P.O. box if mail is not delivered to street address) of contact: C/O MORGAN STANLEY TAX 440 SOUTH LASALLE STREET, 39TH FLOOR
7. City, town, or post office, state, and ZIP code of contact: CHICAGO, IL 60605

Date of action: 8
Classification and description: 9

SEE ITEM 14 BELOW

COMMON STOCK

CUSIP number: 10
Serial number(s): N/A
Ticker symbol: TIIUX
Account number(s): 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: THE ISSUER PAID MONTHLY DISTRIBUTIONS TO COMMON STOCK SHAREHOLDERS DURING FISCAL YEAR-END AUGUST 31, 2017. ALL OR PART OF SUCH DISTRIBUTIONS CONSTITUTE A NON-TAXABLE RETURN OF CAPITAL.

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 QUANTITATIVE EFFECT OF THE DISTRIBUTION REPORTED AS A RETURN OF CAPITAL ON A PER SHARE BASIS ARE SET FORTH IN THE TABLE BELOW:

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<th>TOTAL DIVIDEND</th>
<th>RETURN OF CAPITAL</th>
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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: SEE #15 ABOVE
Part II  Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based  
DISTRIBUTIONS TO SHAREHOLDERS WERE REPORTED AS TAXABLE DIVIDENDS TO THE EXTENT OF THE CORPORATION'S EARNINGS AND PROFITS IN ACCORDANCE WITH SECTION 316. TO THE EXTENT DISTRIBUTIONS EXCEEDED CURRENT AND ACCUMULATED EARNINGS AND PROFITS UNDER SECTION 312, SHAREHOLDERS MUST APPLY THE RULES OF SECTION 301(C) TO DETERMINE IF THE DISTRIBUTIONS ARE A NON-TAXABLE RETURN OF BASIS UNDER 301(C)(2), OR CAPITAL GAIN UNDER SECTION 301(C)(3).

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  
THE REPORTABLE TAX YEAR IS FISCAL YEAR ENDING AUGUST 31, 2017

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  
8/13/18

Print or type preparer's name  
MICHAEL CONKLIN

Print or type 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
**Part I  Reporting Issuer**

<table>
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<tr>
<th>1 Issuer's name</th>
<th>2 Issuer's employer identification number (EIN)</th>
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<td>3 Name of contact for additional information</td>
<td>4 Telephone No. of contact</td>
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<tr>
<td>MICHAEL CONKLIN</td>
<td>312-706-4706</td>
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<tr>
<td>5 Email address of contact</td>
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<tr>
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<td>CHICAGO, IL 60605</td>
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<tr>
<td>8 Date of action</td>
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**SEE ITEM 14 BELOW**

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<th>10 CUSIP number</th>
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**Part II  Organizational Action**

Attach additional statements if needed. See back of form for additional questions.

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FISCAL YEAR ENDING AUGUST 31, 2017

Signature: ______________________ Date: 8/13/18

Print name: MICHAEL CONKLIN  Title: ASSISTANT TREASURER

Print/Type preparer's name:  Preparer's signature:  Date:  

Check if self-employed:  Firm's BIN:

Firm's name:  Firm's address:  Phone no.: 

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