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 Is	ssuer			
1 Issuer's name				2 Issuer's employer identification number (EIN)
THRIVENT MULTIDIMENSION	ONAL INCOME FUI	ND		81-4570560
3 Name of contact for additional information 4 Telephone No. of co			e No. of contact	5 Email address of contact
SARAH L. BERGSTROM			612-844-5740	SARAH.BERGSTROM@THRIVENT.COM
6 Number and street (or P.	.O. box if mail is not	delivered to	street address) of contact	7 City, town, or post office, state, and ZIP code of contact
625 FOURTH AVENUE SOU	ITH MAII STOD #6	166		RAININE A DOLLIC BARLEE 44 E
8 Date of action	ITH, MAIL STOP #5		sification and description	MINNEAPOLIS, MN 55415
SEE ATTACHMENT		соммо	N STOCK - CLASS S - ISSUE	BY A MUTUAL FUND (REG. INVST. CO.)
10 CUSIP number 11 Serial number		s)	12 Ticker symbol	13 Account number(s)
88588R402 Part II Organizatio	nal Action Atta	ab additiona	TMLDX	back of form for additional questions.
				against which shareholders' ownership is measured for
the action ▶	ieriai aasieri ai ieg ii i	-ppiioabio; are	, date of the deficit of the date i	against which shareholders ownership is measured for
THRIVENT MULTIDIMENSION	ONAL INCOME FUI	ND PAID CAS	H DISTRIBUTIONS ON MONT	HLY PAYABLE DATES TO SHAREHOLDERS AS OF
THE FOLLOWING MONTHL				
<u></u>				
				ED THE CURRENT AND ACCUMULATED EARNINGS
•			TAL TO THE SHAREHOLDER	REFORE, A PORTION OF THE CASH
				S HELD BY THE SHAREHOLDERS.
				O MEED BY THE STRAIGHTOEDERS.
15 Describe the quantitati share or as a percentage		anizational act	ion on the basis of the security	in the hands of a U.S. taxpayer as an adjustment per
SEE ATTACHMENT FOR TH	HE DETAIL OF THE	CASH DIST	RIBUTIONS PAID PER CLASS	S SHARES BY DIVIDEND DATE.
THE SHAREHOLDERS' BAS	SIS IN SHARES OF	THE FUND I	S REDUCED PER SHARE PER	R THE DETAIL IN THE ATTACHMENT.
ANY REMAINING AMOUNT	IN EXCESS OF BA	1515 IS TAXE	D AS CAPITAL GAIN TO THE	SHAREHOLDERS.
			·	
16 Describe the calculatio valuation dates ►	n of the change in t	pasis and the	data that supports the calculation	on, such as the market values of securities and the
THE RETURN OF CAPITAL	PORTION OF THE	DISTRIBUTION	ONS IS CALCULATED AS THE	DISTRIBUTIONS PAID WHICH EXCEEDED THE
FUND'S CURRENT AND AC	CUMULATED EAR	NINGS AND	PROFITS AS OF DECEMBER	31, 2017.
THE TOTAL DISTRIBUTION	IS LESS THE AMO	UNT ATTRIB	UTABLE TO EARNINGS AND	PROFITS IS RETURN OF CAPITAL.
SEE THE ATTACHMENT CO	O THE DED CHAP	E WHICH IS:	DETUDN OF CARITAL A DEC	LICTION IN COST DASIG TO YUZ CHARGOS COTO
SEE THE ATTACHMENT FO	JK THE PER SHAR	E WHICH IS	KETUK <u>N</u> OF CAPITAL, A RED	UCTION IN COST BASIS TO THE SHAREHOLDERS.

Form 893	37 (12-	2017)			Page 2
Part I		Organizational Action (continued)		
17 Li	st the	applicable Internal Revenue Code sectio	n(s) and subsection(s) up	oon which the tax treatment is based ▶	
		<u></u> .			
<u>IRC 316</u>					
IRC 301	(c)				
CONSID	DERE	D DIVIDEND INCOME AND THE PORTION	ODE WERE USED TO D ON WHICH IS CONSIDE	ETERMINE THE PORTION OF THE DISTRIBUTION WHICH IS RED A RETURN OF CAPITAL.	
					_
18 Cá	an any	resulting loss be recognized? ► NO LC	OSS IS RECOGNIZED O	N THE RETURN OF CAPITAL TRANSACTION; HOWEVER, THI	
SHARE	HOLE	ERS' BASIS IN THE SHARES OF THE	FUND IS REDUCED BY	THE RETURN OF CAPITAL AMOUNT THUS IMPACTING THE	
SHARE	HOLE	ERS' GAIN OR LOSS UPON DISPOSIT	ON OF THE SHARES.		
			·		
		any other information necessary to imple			
THE RE	PORT	ABLE TAX YEAR IS THE YEAR ENDE	DECEMBER 31, 2017.		
		·			
	Unde	r penalties of perjury, I declare that I have exa	mined this return, including	accompanying schedules and statements, and to the best of my knowled is based on all information of which preparer has any knowledge.	lge and
Sign	Dellei	, it is the, correct, and complete, beclaration c	r preparer (other trial office) is based on all illiormation of which preparer has any knowledge.	
Here	Signa	ture > Signed Copy Maintained	In Taxpayer's Rei	ords Date 2/12/2018	
	B / -	- Canalii graana			
	rrint	your name ► SARAH L. BERGSTROM Print/Type preparer's name	Preparer's signature	Date Charl ☐ # PTIN	
Paid Prepa	rer			Check if self-employed	
Use O		Firm's name		Firm's EIN ▶	
Sond Fr	- DO	Firm's address >	to Donathant - City T	Phone no.	
A SECULIA E O	CHE 125	az michenin accompanying statemente).	Department of the La	PASTING INTERNAL REVENUE SERVICE CLORES LIT RADOL-DOEA	

Thrivent Multidimensional Income Fund

EIN: 81-4570560

Attachment to Form 8937 - Report of Organizational Actions Affecting Basis of Securities

 $Date\ of\ Actions -3/31/2017,\ 4/28/2017,\ 5/31/2017,\ 6/30/2017,\ 7/31/2017,\ 8/31/2017,\ 9/29/2017,\ 10/31/2017,\ 11/30/2017,\ and\ 12/28/2017,\ 11/30/2017,\$

Question 8. Date of Action:

Distributions paid on the following dates:

3/31/2017

4/28/2017

5/31/2017

6/30/2017

7/31/2017

8/31/2017

9/29/2017

10/31/2017

11/30/2017

12/28/2017

Question 14. Monthly Payable and Record Dates of Action:

Payable Date	Record Date
3/31/2017	3/30/2017
4/28/2017	4/27/2017
5/31/2017	5/30/2017
6/30/2017	6/29/2017
7/31/2017	7/28/2017
8/31/2017	8/30/2017
9/29/2017	9/28/2017
10/31/2017	10/30/2017
11/30/2017	11/29/2017
12/28/2017	12/27/2017

Question 15. Quantitative Effect:

Class S	Dividend Date	Cash Distribution per Share		ROC Distribution per Share	
	3/31/2017	\$	0.03057	\$	0.00063
	4/28/2017	\$	0.02796	\$	0.00057
	5/31/2017	\$	0.03178	\$	0.00065
	6/30/2017	\$	0.03046	\$	0.00062
	7/31/2017	\$	0.03112	\$	0.00064
	8/31/2017	\$	0.03372	\$	0.00069
	9/29/2017	\$	0.03269	\$	0.00067
1	10/31/2017	\$	0.02974	\$	0.00061
1	11/30/2017	\$	0.03153	\$	0.00065
	12/28/2017	\$	0.05678	\$	0.00116
	Total	\$	0.33635	\$	0.00689