► See separate instructions.

Part I	Reporting I	lssuer							
1 Issuer's	s name					2 Issuer's employer identification number (EIN)			
Picton Mak	nonev Fortified I	Multi-Asset Fund				FOREIGNUS			
	Picton Mahoney Fortified Multi-Asset Fund 3 Name of contact for additional information 4			Telephone No. of contact		5 Email address of contact			
	ALLOWAY			(416) 955-4108		agalloway@pictonmahoney.com			
6 Numbe	6 Number and street (or P.O. box if mail is not de			street address) of contact	ct	7 City, town, or post office, state, and ZIP code of contact			
33 YONGE 8 Date of	STREET, STE. 8	830	Q Clas	sification and description		TORONTO, ONTARIO M5E 1G4			
o Dale O	action		9 0143						
SEE BELO	W		PAID A	"RETURN OF CAPITAL	" DISTRIBL	JTION			
10 CUSIP		11 Serial number		12 Ticker symbol		13 Account number(s)			
	N/A	N/A		N/A		N/A			
Part II						ck of form for additional questions.			
	•				-	nst which shareholders' ownership is measured for			
the a	RETUR	N OF CAPITAL AS	PART OF DI	STRIBUTIONS THAT OC	CCURRED	THROUGHOUT THE 2020 TAXABLE YEAR			
15 Desc	ribe the quantitat	tive effect of the ora	anizational ad	ction on the basis of the s	securitv in tł	he hands of a U.S. taxpayer as an adjustment per			
		age of old basis ►							
		JNITHOLDER'S CO	ST BASIS IS	AS FOLLOWS					
-					8607 PER U	JNIT, Series I 0.00000000 PER UNIT			
	06897033 PER L								
		-							
	ribe the calculation tion dates ► _{N/A}		basis and the	e data that supports the c	calculation, s	such as the market values of securities and the			

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 89						Page			
Part		Organizational Action (cont	inued)						
17 1	iot tha	applicable Internal Revenue Code	antion(a) and subsection(a)	non which the tax	(tractment is been	d			
		301(c)(2), 312 AND 316	section(s) and subsection(s) t	ipon which the tax	c treatment is base				
		301(c)(z), 312 AND 310							
40 0			N1/A						
18 C	an any	resulting loss be recognized? ►	IN/A						
40 0									
19 P	rovide	any other information necessary to	implement the adjustment, s	such as the report	able tax year \blacktriangleright $\underline{N/F}$	4			
	-								
	Unde	r penalties of perjury, I declare that I ha it is true, correct, and complete. Decla	ave examined this return, includir	g accompanying scl	hedules and stateme formation of which pr	nts, and to the best of my knowledge an			
Cian	beller				ionnation of which p	eparer has any knowledge.			
Sign Here									
nere	Signa	Signature Date							
	Print	/our name ► Print/Type preparer's name	Preparer's signature	0	Title ► Date	PTIN			
Paid				Can Paplo	3/16/2021				
Prepa						101102701			
Use Only			IOUSECOOPERS LLP			Firm's EIN ► 98-0189320			

,		18 YORK STREET,	SUITE 2600	, TORONTO,	ONTARIO,	CANADA,	M5J 0B2	Phone no.	(416) 863-1133
Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054									