

Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

Part I Reporting Issuer

1 Issuer's name
Picton Mahoney Fortified Income Fund

2 Issuer's employer identification number (EIN)
FOREIGNUS

3 Name of contact for additional information
ARTHUR GALLOWAY

4 Telephone No. of contact
(416) 955-4108

5 Email address of contact
agalloway@pictonmahoney.com

6 Number and street (or P.O. box if mail is not delivered to street address) of contact
33 YONGE STREET, STE. 830

7 City, town, or post office, state, and ZIP code of contact
TORONTO, ONTARIO M5E 1G4

8 Date of action
SEE BELOW

9 Classification and description
PAID A "RETURN OF CAPITAL" DISTRIBUTION

10 CUSIP number
N/A

11 Serial number(s)
N/A

12 Ticker symbol
N/A

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 ▶ RETURN OF CAPITAL AS PART OF DISTRIBUTIONS THAT OCCURRED THROUGHOUT THE 2019 TAXABLE YEAR

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 ADJUSTMENT TO A UNITHOLDER'S COST BASIS IS AS FOLLOWS:
Series A 0.03813008 PER UNIT, Series F 0.00000000 PER UNIT, Series FT 0.15764738 PER UNIT, Series I 0.00000000 PER UNIT
Series T 0.28020336 PER UNIT

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 ▶ N/A

Part II Organizational Action *(continued)*

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ _____
IRC SECTION 301(c)(2), 312 AND 316

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 ▶ N/A

Sign Here 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 ▶ _____

Print your name ▶ ARTHUR GALLOWAY Title ▶ CHIEF OPERATING OFFICER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>Greg Papinko</i>	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	<u>GREGORY PAPINKO</u>		<u>04-27-2020</u>		<u>P01452981</u>
	Firm's name ▶	<u>PRICEWATERHOUSECOOPERS LLP</u>		Firm's EIN ▶	<u>98-0189320</u>
	Firm's address ▶	<u>18 YORK STREET, SUITE 2600, TORONTO, ONTARIO, CANADA, M5J 0B2</u>		Phone no.	<u>(416) 863-1133</u>