► See separate instructions.

Reporting Issuer

Part Reporting	Issuer				
1 Issuer's name		2 Issuer's employer identification number (EIN)			
Picton Mahoney Fortified	Income Alternative Fu	FOREIGNUS			
			e No. of contact	5 Email address of contact	
			(416) 955-4108	agalloway@pictonmahoney.com	
6 Number and street (or P.O. box if mail is not de				7 City, town, or post office, state, and ZIP code of contact	
33 YONGE STREET, STE.	320			TORONTO, ONTARIO M5E 1G4	
8 Date of action		9 Classification and description			
SEE BELOW			RETURN OF CAPITAL" D		
10 CUSIP number	11 Serial number(s)		12 Ticker symbol	13 Account number(s)	
N/A	N/A		N/A	N/A	
Part II Organizati	ional Action Attach	n additional	statements if needed.	See back of form for additional questions.	
14 Describe the organization	ational action and, if ap	plicable, the	date of the action or the d	ate against which shareholders' ownership is measured for	
the action ► RETUR	RN OF CAPITAL AS PA	ART OF DIS	TRIBUTIONS THAT OCCI	JRRED THROUGHOUT THE 2024 TAXABLE YEAR	
7.					
e.					
â.					
2					
15 Describe the quantita share or as a percent	-	izational act	ion on the basis of the sec	urity in the hands of a U.S. taxpayer as an adjustment per	
THE ADJUSTMENT TO A					
Series A 0.25554113 PER	UNIT ,Series ETF 0.27	7090820 PEF	R UNIT ,Series F 0.269460	17 PER UNIT ,Series I 0.20530137 PER UNIT	
Series O2 0.04128654 PEI	R UNIT				
2					
2					
16 Describe the calculat valuation dates ► <u>N/</u>		sis and the o	data that supports the calc	ulation, such as the market values of securities and the	
2					
v.					
6					
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4 1 ²					
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The information contained herein is being provided pursuant to the requirements of Section 6045B of the Internal Revenue Code of 1986, as amended. The information in this document does not constitute tax advice and should not be construed to take into account any shareholder's specific circumstances. Holders and nominees should consult their own tax advisors regarding the particular tax consequences of the organizational action (as described in this document) to them, including the applicability and effect of all U.S. federal, state, and local and foreign tax laws.

Form 89					Page 2
Part		Organizational Action (cor	tinued)		
17 Li	ist the	applicable Internal Revenue Code	e section(s) and subsection(s) upon which	ch the tax treatment is based I	•
IRC SE	CTION	301(c)(2), 312 AND 316			
18 C	an anv	/ resulting loss be recognized? ►	N/A		
	,	,			
19 P	rovide	any other information necessary	to implement the adjustment, such as the	he reportable tax year ► <u>N/A</u>	
	Unde	r penalties of perjury, I declare that I	nave examined this return, including accomp	panying schedules and statements	, and to the best of my knowledge and
	belief	, it is true, correct, and complete. Dec	aration of preparer (other than officer) is base	ed on all information of which prep	arer has any knowledge.
Sign					
Here	Signa	ature ►		Date ►	
	Print	your name 🕨		Title ►	
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepa	arer				self-employed
Use (July	Firm's name			Firm's EIN 🕨

 Use Only
 Firm's address

 Firm's address
 Phone no.

 Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054