► See separate instructions.

Ρ	art Reporting	ssuer				
1	Issuer's name				2 Issuer's employer identification number (EIN)	
	Black Creek Global Balanced Corporate Class (OT8)			N/A		
3	Name of contact for add	ditional information	4 Telephor	e No. of contact	5 Email address of contact	
	Duarte Boucinh	a	416-68	1-1752	dboucinha@ci.com	
6	Number and street (or F	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	
2 Queen Street East, 20th Floor			or		Toronto, Ontario, M5C 3G7	
8	Date of action		9 Class	sification and description		
	Tax Year 2015			Non-taxable dis	tribution	
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)	
	N/A	N/A		N/A	N/A	
Pa	art II Organizatio	onal Action Attac	ch additiona	I statements if needed. See	e back of form for additional questions.	
14	Describe the organiza	tional action and, if a	applicable, the	e date of the action or the date	e against which shareholders' ownership is measured for	
	the action ►	A non-tax	able distri	bution was made to	shareholders throughout the 2015	
					it information of the return of capital	
				ghout the 2015 taxab		
			ica tinou	Shout the 2015 taxab	te year.	
15	Describe the quantitat	tive effect of the orga	anizational act	tion on the basis of the securit	ty in the hands of a U.S. taxpayer as an adjustment per	
share or as a percentage of old basis ► 0.30569 per unit						
16	Describe the calculation valuation dates \blacktriangleright		basis and the	data that supports the calcula	tion, such as the market values of securities and the	

For Paperwork Reduction Act Notice, see the separate Instructions.

Form	8937	(Rev. 12-2011)

Pa	t II	Organizational Action (continued)			
17	List the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tre	eatment is based Ⅰ	• I <u>RC section 301(c)(2),</u> 312 and 316
18	Can an	\prime resulting loss be recognized? \blacktriangleright _ N/ A	A		
19	Provide	any other information necessary to implem	nent the adjustment, such as the reportable	e tax year ►	N/A
		· · · ·			
	Linde	r penalties of perjury, I declare that I have exami	ined this return including accompanying schedu	ules and statements	and to the best of my knowledge, and
	belie	, it is true, correct, and complete. Declaration of	preparer (other than officer) is based on all inform	nation of which prepa	arer has any knowledge.
Sigr		ΛηΛ			
Her	re Signature ► Print your name ► David Pauli			Date▶ 11/26	/2015
<u> </u>			Preparer's signature	Title▶ COO Date	Ohanta III if PTIN
Paie	d parer		-		Check if self-employed
	e Only	Firm's name			Firm's EIN ►
-		1			1

Send Form 8937 (including accompanyi	ng statements) to: Department of the Treas	sury, Internal Revenue Service, Ogden, UT 84201-0054

Phone no.

Firm's address ►