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

Р	art I Reporting I	ssuer			<u> </u>			
1	Issuer's name		2 Issuer's employer identification number (EIN)					
	Cambridge Month	nly Income Fund	(O)		N/A			
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact			
	Duarte Boucinha		416	-681-1752	dboucinha@ci.com			
6	Number and street (or P	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 Ea	Toronto, Ontario, M5C 3G7						
8	Date of action		9 Class	sification and description				
	Tax Year 2019			Non-taxable distribution				
10	CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13 Account number(s)			
	N/A N/A			N/A	N/A			
P					back of form for additional questions.			
14					•			
	the action ▶			the date of the action or the date against which shareholders' ownership is measured for bution was made to shareholders throughout the 2019 taxation year.				
					return of capital that occurred throughout			
_		the 2019 tax		unit information of the	ictum of capital that occurred throughout			
_		uie 2019 tax	abie year.					
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15	Describe the guartitat	ive offect of the ergo	oizational act	ion on the basis of the accurit	, in the hands of a LLC taypayar as an adjustment per			
15	share or as a percenta		y in the hands of a U.S. taxpayer as an adjustment per					
	share or as a percenta							
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16	Describe the calculation	on of the change in b	asis and the	data that supports the calculat	ion, such as the market values of securities and the			
	valuation dates ►	N/A						
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Part	Ш (Organizational Action (conti	nued)			
1 7 Li	ist the	applicable Internal Revenue Code s	ection(s) and subsection(s) upon wh	ich the tax treatment	is based ►	IRC section 301(c)(2), 312 and 316
			NT / A			
С	an any	resulting loss be recognized? ► _	N/A			
						NT / A
Р	rovide	any other information necessary to	implement the adjustment, such as	the reportable tax yea	ır ▶	N/A
			ve examined this return, including accom			
an	beliet	, it is true, correct, and complete. Declara	ation of preparer (other than officer) is bas	ed on all information of v	wnicn preparer	nas any knowledge.
gn ere	Signa	tura •		Date ►	Mar 31,	2019
	Signa			Date		
	Print	your name ► Darie Urbanky	<u> </u>	Title►	Presiden	t and Chief Operating Off
	1 11116	<u>-</u> <u>-</u>				
		Print/Type preparer's name	Preparer's signature	Date		heck if PTIN
	arer Only	Print/Type preparer's name Firm's name ▶	Preparer's signature	Date	Se	heck ☐ if PTIN llf-employed rm's EIN ▶