► See separate instructions.

P	art Reporting I	ssuer						
1	Issuer's name				2	Issuer's employer identification number (EIN)		
	Black Creek Glo	bal Balanced	Fund (AT6)			N/A		
3	Name of contact for add	ditional information	4 Telephone No. of contact			5 Email address of contact		
	Duarte Boucinh	a	416-681	-1752	dł	ooucinha@ci.com		
6	Number and street (or P	.O. box if mail is not	delivered to street address) of contact			Sity, town, or post office, state, and ZIP code of contact		
	2 Queen Street	East, 20th Floo	or		Т	Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	ification and description				
	Tax Year 2017			Non-taxable di	istributio	n		
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13	Account number(s)		
	N/A	N/A		N/A		N/A		
P			h additional		See back of	form for additional questions.		
	-							
14	the action ►					which shareholders' ownership is measured for lders throughout the 2017		
						mation of the return of capital		
				shout the 2017 taxa				
					,,			
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 ≥ 0.67840 per unit							
16	Describe the calculation valuation dates ►	on of the change in t N/A	oasis and the o	data that supports the calcu	ulation, such	as the market values of securities and the		

Part		Organiza	ational Action (cont	tinued)			
17 L	List the	applicable	Internal Revenue Code	section(s) and subsection(s) up	oon which the tax treatr	nent is based	IRC section 301(c)(2), 312 and 316
40 /	Con on	roculting	loss be recognized?	N/A			
18 (Carrany	resulting					
19 F	Provide	any other	information necessary to	o implement the adjustment, su	ich as the reportable ta	x year ►	N/A
	Unde belief	r penalties of, it is true, c	of perjury, I declare that I ha orrect, and complete. Decla	ave examined this return, including ration of preparer (other than office	accompanying schedules r) is based on all information	and statemer	nts, and to the best of my knowledge and eparer has any knowledge.
Sign		, 0	ΛηΛ				. , , , , , , , , , , , , , , , , , , ,
Here	Signa	ature ►	////		Dat	e► Jan 1	9, 2018
			David Pauli			► EVP	
Paid			preparer's name	Preparer's signature	Titli Da	, , ,	Check if PTIN
Palu							self-employed

Page **2**

Form 8937 (12-2017)

Preparer		self-employed				
Use Only	Firm's name	Firm's EIN ►				
	Firm's address ►	Phone no.				
Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054						