► See separate instructions.

	Issuer's name	155061			2 Issuer's employer ide	2 Issuer's employer identification number (EIN)		
	Plash Crash Clah	-1 D-1		N/A				
3	Name of contact for ad	al Balanced Corpo	e No. of contact	5 Email address of contact				
Ū				-681-1752		dboucinha@ci.com		
	Duarte Boucinha							
6 Number and street (or P.O. box if mail is not			delivered to street address) of contact		7 City, town, or post office, s	state, and ZIP code of contact		
	2 Queen Street East, 20th Floor				Toronto, Ontari	o, M5C 3G7		
8	Date of action		9 Class	ification and description				
	Tax Year 2020			Non-taxable di	stribution	tion		
10	CUSIP number 11 Serial number(s)		)	12 Ticker symbol	13 Account number(s)	13 Account number(s)		
P	N/A art II Organizati	N/A	h additional	N/A statements if needed. See	N/A e back of form for additional c	nuestions		
14	-					-		
••	the action ►	Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is mathematication A non-taxable distribution was made to shareholders throughout the 2020 taxation of the action between the shareholders and the shareholders throughout throughout the shareholders throughout the shareholders throughout the shareholders throughout th						
					return of capital that occur			
		the 2020 taxa	-	unit information of the	Tetum of capital that occur			
			ibie year.					
15	Describe the quantite	tive offect of the organ	vizational act	ion on the basis of the accurit	y in the hands of a U.S. taxpayer	as an adjustment per		
15					ly in the hands of a 0.5. taxpayer	as an adjustment per		
	share of as a percent	age of old basis $\blacktriangleright 0$	.52151 per	unit				
16	Describe the calculat	ion of the change in ba	asis and the	data that supports the calcula	tion, such as the market values o	f securities and the		
	valuation dates >	N/A						
For	Paperwork Reduction	Act Notice, see the s	separate Ins	tructions.	Cat. No. 37752P	Form <b>8937</b> (12-2017)		

Form	8937 (12-	017)		Page <b>2</b>
Pa	rt II	Drganizational Action (continued)		
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	reatment is based ▶	►
				312 and 316
40	Con on	resulting lass he recognized $\sim N/A$		
18	Can an	resulting loss be recognized? ► N/A		
19	Provide	any other information necessary to implement the adjustment, such as the reportabl	le tax year ►	N/A
	Und	r penalties of perjury, I declare that I have examined this return, including accompanying scheo it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	dules and statements mation of which prepa	, and to the best of my knowledge and arer has any knowledge.
Sigr		-+		
Her	<u> </u>		Date March 31, 2020	
		your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► President	and Chief Operating Officer
Paie	d parer	Print/Type preparer's name Preparer's signature		Check if self-employed
	e 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