## 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

E	art I Reporting I	Issuer		<u> </u>							
	Issuer's name		2 Issuer's employer identification number (EIN)								
	CI Alternative No	orth American Op	portunitie	s Fund (F)	N/A						
3	Name of contact for add	ditional information	4 Telephor	e No. of contact	5 Email address of contact						
	Duarte Boucinha		416-681-1752		dboucinha@ci.com						
6	6 Number and street (or P.O. box if mail is not de			street address) of contact	7 City, town, or post office, state, and ZIP code of contact						
	15 York Street, 2n	nd floor			Toronto, Ontario, M5J 0A3						
8	Date of action		9 Class	sification and description	1						
	Tax Year 2023			Non-taxable distribution							
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol	13 Account number(s)						
	N/A	N/A		N/A	N/A						
Р	Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.										
14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for											
	the action ►				holders throughout the 2023 taxation year.						
					e return of capital that occurred throughout						
		the 2023 tax			o recently or empress time occurred time us mout						
		110 2025 tu	ubic year.								
15	Describe the quantitat share or as a percenta				ity in the hands of a U.S. taxpayer as an adjustment per						
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_											
_											
16	Describe the calculation valuation dates ►	on of the change in $N/A$	asis and the	data that supports the calcula	ation, such as the market values of securities and the						

Par	t II	C	Organizational Action (continued)			· -	
17	List	the a	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tr	eatment is based ▶	IRC section 301(c)(2), 312 and 316	
18	Can	anv	resulting loss be recognized?▶N/A	A			
10	Oan	arry	resulting loss be recognized:	-			
19	Prov	vide a	any other information necessary to impler	ment the adjustment, such as the reportable	e tax year ▶	N/A	
				nined this return, including accompanying sched			
0:	belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
Sign Here	.			Date March 31,	2023		
		signat	ure •				
	Print your name ▶ Darie Urbanky				Title President	and Chief Operating Officer	
Paic			Print/Type preparer's name	Preparer's signature	Date	Check if PTIN	
Pre	oare					self-employed	
Use	On	ıly	Firm's name ► Firm's address ►			Firm's EIN ▶	
Send	Form	n 893		to: Department of the Treasury, Internal Re	venue Service, Ogo	Phone no. den, UT 84201-0054	