► See separate instructions.

Part Reporting Issuer

	Issuer's name	155061	2 Issuer's employer ide	2 Issuer's employer identification number (EIN) N/A 5 Email address of contact				
	CI Salaat 80:20a 1	Managed Portfolio	NI/A					
3	Name of contact for ad	0	-					
Duarte Boucinha				-681-1752		 dboucinha@ci.com 7 City, town, or post office, state, and ZIP code of contact 		
0	Number and street (or P.O. box if mail is not delivered to street address) of contact							
	2 Queen Street E	ast, 20th Floor			Toronto, Ontario	o, M5C 3G7		
8	Date of action		9 Class	9 Classification and description				
	Tax Year 2021			Non-taxable di	stribution	bution		
10	CUSIP number	11 Serial number(s))	12 Ticker symbol	13 Account number(s)			
	N/A	N/A		N/A	N/A			
Pa		-	n additional	-	e back of form for additional q	uestions.		
14	Describe the organiza				e against which shareholders' owr			
	the action ►	A non-taxab	le distribut	ion was made to shareh	olders throughout the 2021	taxation year.		
		See question	15 for per	unit information of the	return of capital that occur	red throughout		
		the 2021 taxa	able year.					
15	Describe the quantita	tive effect of the organ	nizational act	ion on the basis of the securi	ty in the hands of a U.S. taxpayer	as an adjustment per		
	share or as a percent	age of old basis ► 0	.31119 per	unit				
			-					
40	Describe the calculat					f a a constitue a constitue a		
16		-	asis and the	bata that supports the calcula	tion, such as the market values of	securities and the		
	valuation dates \blacktriangleright	N/A						
For	Paperwork Reduction	Act Notice see the	senarate Inc	tructions	Cat. No. 37752P	Form 8937 (12-2017)		
-					Jul. 110. 0110L1			

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Part		Drganizational Action (continued)				
17 L	ist the	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tre	eatment is based ▶	• <u>IRC section 301(c)(2)</u> , 312 and 316	
18 C	Can any	resulting loss be recognized? N/I	A			
19 P	Provide	any other information necessary to impler	nent the adjustment, such as the reportable	e tax year ►	N/A	
Sign			nined this return, including accompanying schedu preparer (other than officer) is based on all inform			
Here				Date ►		
	Print	our name ► Darie Urbanky			and Chief Operating Officer	
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	
Use (Firm's name ► Firm's address ►			Firm's EIN ► Phone no.	

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054